1. Overview

RFP Reference: Q, bullet 1, page 46

As the Medicaid leader in this marketplace, ACS Heritage has the expertise, the experience, and the proven track record to partner with the State of Alabama in its Health Information System vision. Our solution is elegant in its presentation and robust in its underpinnings, reflecting our many years of development and innovation in this field. Our strong tool set will meet stakeholder needs, is rapidly deployable and easily customizable, and will deliver actionable results to all its users. Our solution is proven to generate a significant return on investment, which will drive the long-term sustainability of the Alabama Health Information System.

Alabama is embarking on an effort that will transform the manner in which health care information is shared in the United States. When implemented, Alabama's Health Information System (ALAHIS) will afford the State, the Alabama Medicaid agency (ALMA), the State's other health and human services (HHS) agencies, and the many diverse stakeholders involved in providing health care in Alabama, with a set of tools to improve the delivery of quality health care while lowering state, consumer, and taxpayer costs, and improving efficiency and promoting safety.

A model for the nation, Alabama's Together for Quality (TFQ) initiative will make significant strides in addressing each of Secretary Michael Leavitt's four cornerstones for Value-Driven Health Care. These cornerstones, as summarized in the Center for Medicare and Medicaid Services' (CMS) State Medicaid Director letter of April 25, 2007 (#07-005), are addressed by ALAHIS as follows:

- **Interoperable Health Information Technology:** The ALAHIS project will establish interoperability between ALMA and providers participating in the State's Medicaid program, as well as intra-operability between and among all health and human services agencies in the State.
- **Transparency of Quality Information:** ALMA's call for an Electronic Clinical Support Tool (ECST), a major component of its ALAHIS, will clearly incorporate evidence-based best practices and support the delivery of quality care and information.
- **Transparency of Price Information:** Incorporating data on episodic care and predictive modeling in its overall model will assist ALMA in its efforts to make reliable and appropriately-structured quality and cost information available to all stakeholders in the health care system.
- **Incentives for High Value Health Care:** The information that ALAHIS will make available to participants in the health care system -- be they payers, consumers or providers -- will encourage and empower them to make decisions based on quality and cost, and will be available to form the basis of future programs that provide additional incentives to make these kinds of decisions.

Alabama's TFQ vision clearly recognizes all of these components; it is no wonder that CMS enthusiastically funded this effort with one of its first and highest funded Medicaid Transformation Grants.

ACS Heritage Understands Alabama's Health Information System Vision

ACS Heritage not only supports the four cornerstones of Value-Driven Health Care, but also has been developing and implementing related solutions during our 26-year life. We fully embrace the concept that "information is the key to informed decision making," and informed decisions lead to high-quality, efficient care. To this end, we are continually advancing our technology efforts to provide seamless information exchange between providers, agencies, public health entities, community programs, ancillary services, and patients. Thus, we understand, support, are enthusiastic about partnering with, and have the proven track record to assist the State of Alabama and ALMA in attaining the Alabama Health Information System vision.

Our solution is the Alabama Health Information Exchange (ALAHIE) Suite, which we outline in this overview and in full detail in the balance of our response. Aligned with the program and technical direction of the State's Health Information System, ALAHIE meets and exceeds the requirements outlined in the

State's Request for Proposals (RFP). It facilitates efficient and effective healthcare data exchange, providing appropriate, actionable data at the point of care. It accomplishes this while assuring privacy, proper access, and full security of the data. The sophisticated ALAHIE solution will address data integration from medical sources at the place of service, both in electronic and less technically advanced formats, and will interface with heterogeneous legacy systems to facilitate multi-agency data exchange. Moreover, once data is identified, located, and semantically mined and transformed, the solution must address the conversion of data to actionable knowledge, which is then made available to end users and systems through easy-to-use presentation layers.

Our solution is, therefore, comprised of three main components and capabilities, each needed to satisfy different sets of proposal requirements:

- **Interoperability –** Capability to share data across complex systems based on open industry standards. This exchange is accomplished utilizing BizTalk servers using HL7, as well as using various tools to gather and transmit data from providers without electronic medical record systems or, such as in rural areas, with limited internet access.
- **Intra-operability -** Capability of multi-agency data exchange across a common service oriented architecture (SOA). This approach is in-line with the State vision as set forth by the TFQ and Camellia projects. Additionally, as agencies such as ALMA and the Alabama Department of Senior Services (ADSS) share common forms and data, the capability to quickly create templates and replicate existing forms is available within our tool set.
- **ECST –** The third major component is the Electronic Clinical Support Tool (ECST). Our rules-based engine analyzes the data in real-time, producing alerts for potential gaps-in-care, adverse drug conditions, drug contra-indications, and duplicate therapies. Moreover, the rules-based engine is highly customizable and configurable, allowing TFQ stakeholders working with ACS Heritage clinical analysts to create new quality indicators in addition to the current foundation of 7,000 clinical rules.

In summary, ALAHIE will provide the needed interoperable and intra-operable capabilities to link heterogeneous databases. We also incorporate several avenues for automating business processes across diverse systems so that State resources can be used most efficiently. The solution set is closely aligned with State technology requirements and allows maximum use of existing components. Yet, the solution provides the flexibility and rules-based capabilities to respond to ever-changing State and health care needs.

ACS Heritage's Solution is Easy to Use and Customizable to Meet Changing Needs

The following ALAHIE components enhance and differentiate the technical architecture underpinning the interoperable and intra-operable capabilities of our solution, which will result in a user-friendly, high-impact, and easily customizable Alabama Health Information System:

- The Hercules Clinical Rules Engine is the backbone of the ACS Heritage Web-based EHR solution. Hercules is a flexible rules-based ECST with the ability to analyze any data type, permitting end users the capability to create alerts, reminders, quality metrics, measures, and counts. TFQ stakeholders will be able to work closely with ACS clinical analysts to create custom rules about any data item, disease condition, or treatment pattern. Alerts are issued directly back to providers through CyberAccess.
- CyberAccess is the user-friendly, intuitive, web-based portal for providers to access important clinical alerts and actionable pharmacy and medical data regarding their patients. The solution supplies ACS Heritage clients with a powerful tool to influence the adoption of best practices and promote preferred prescribing patterns. Physicians can also use the tool to request a prior authorization, medical pre-certifications, and to send e-prescriptions to pharmacies. It will also be implemented so that providers can access other vendors, such as HID, who participate in these processes.
- Our solution expands on the structural components of the Hercules Clinical Rules Engine and the CyberAccess presentation layer to provide State users with access to program management tools, the

ability to communicate directly concerning program management issues, and to both query and update legacy systems housed in the individual HHS agencies.

- The ability to utilize Microsoft InfoPath provides a key bridge in our ability to use data across platforms. Clinical forms may be readily developed and deployed and may be customized to even look like the original paper form. The information collected with InfoPath Forms is also portable to other applications.
- This solution virtually eliminates the need for provider investment other than obtaining web access and exhibiting the willingness to learn about the product. At the same time, our solution recognizes that not all participants have Internet access or use a Patient Management System. Teaming with our strategic partner, MDdatacor, our solution provides effective mechanisms to bridge these gaps and bring needed functionality to these participants. MDdatacor provides unique capability to not only "push/pull" data seamlessly from existing electronic medical record, practice management, and patient registry systems, but also to extract relevant healthcare data directly from provider notes, dictation, and softcopy patient records. Providers, even with limited web connectivity, are able to push this data through a browser directly to MDdatacor, where the data is stored and made ready for analysis. Data is then passed to the centralized Patient Data Hub (PDH) via secure HL7 transactions. MDdatacor then returns clinical profiles to providers on handheld devices, web browsers, or through secure, encrypted email. MDdatacor provides a capability that is unique in this industry space and addresses the realities and current limitations of healthcare information exchange capabilities.
- DirectInform, our consumer-directed portal, provides the same information to consumers as is available to providers, presenting it in user-friendly and understandable language. This tool is offered to all Medicaid consumers and will be particularly useful for those who are subject to the recently-approved Cash and Counseling State Plan Amendment.

The solution that we are prepared to deliver to ALMA also readily addresses collecting, coordinating, and analyzing health care data for the uninsured.

Our Proven Track Record Removes the Uncertainty that can Surround a Project of this Magnitude

ACS Heritage has successfully implemented its projects on time and within budget, meeting or exceeding customer needs for many years. We do this by combining an experienced project team, proven operational processes, and diligent quality and risk management activities, as well as by developing and maintaining positive, working relationships with our customers. Our success is demonstrated by the fact that we have programs with features comparable to our ALAHIE solution up, operating, and delivering what our customers expect, in over 18 states. Our ability to integrate with other vendors in the healthcare space, such as EDS, the State's Medicaid Management Information System fiscal agent, and other health care payers and providers, has already been successfully demonstrated.

Our history of success is exemplified by our Missouri Medicaid EHR and clinical management services project. Our fully operational suite of solutions deliver actionable information – derived from real time analysis of longitudinal patient data by our proven ECST – to providers through a web-enabled electronic health record. To maximize provider adoption and utilization of the solution, we deliver provider workflow enhancements, such as automated medical and pharmacy prior authorization functionality that have increased provider acceptance. Our provider adoption rate speaks for itself and is unprecedented in the Medicaid market – over 67% of the providers are using the application. In addition to the care management benefits, ACS Heritage's suite of solutions enables the State to save an estimated $85 million per year – ensuring the long term sustainability of the project. The ACS Heritage electronic health record is a cornerstone of Gov. Matt Blunt's Medicaid reform initiative. To quote Governor Blunt: "Mo HealthNet will allow us to use technology to provide world-class health care for Missourians, while reducing costs and improving access."

For this project, ACS Heritage has assigned an experienced project manager, Shelly Stankiewicz. Ms. Stankiewicz comes to this endeavor with over seven years of IT project management experience and nine

years of Medicaid experience, as well as having led several new system implementation training programs. Additionally, Ms. Stankiewicz currently serves as the lead project manager for the ACS Heritage EHR project in Missouri. ACS Heritage's commitment to this project is further demonstrated by the additional key staff, who are supporting the project. Among these individuals are two former Medicaid Directors (Christine Nye and Kathryn Kuhmerker), and Richard Williams and Lou Lunetta, who have over 25 and 30 years experience, respectively, in meeting the needs of clients in the health care and pharmacy fields.

Our project team is guided by the Project Management Body of Knowledge (PMBOK) and follows the five project management process groups throughout the project: initiate, plan, execute, monitor and control and close. As described more fully in the Project Management Section of our response, the ACS Heritage Team will establish project and staffing plans, identify, analyze and respond to risks throughout the course of the project, and maintain quality through quality planning, control, and assurance activities. Throughout the project, we will engage ALMA, ADSS and other stakeholders, as appropriate, through Joint Application Design sessions, regular meetings and status reports so that there is clear understanding concerning how the project is proceeding and the ability, as necessary, for mid-course corrections to be taken.

The ACS Heritage Team also understands that the success of the TFQ initiative depends on more than implementing technology: it depends on the use of the system. Users must be sufficiently trained on how to use the system and have up-to-date documentation available to them that clearly describes the solution and that is regularly updated and refined. Meeting this goal is largely dependent on several factors including: how easy the tool is to use, whether it improves the process and the outcomes of care delivery, if it improves the efficiency with which care is delivered, the extent to which it includes clinical and administrative features, and if it integrates with the end user's day-to-day workflow. However, unless end users are thoroughly trained on the tool and willing and committed to its use, the tool, regardless of its many features and functionality, will be ineffectual.

ACS Heritage prides itself on its approach to training, re-training and supporting the end users of our products. In fact, in each of our implementations, ACS Heritage has found that on-going, recurring, and supported training is the cornerstone to the success of the program. Missouri's successful implementation of our Electronic Health Record Suite has resulted in over 3,600 providers being trained and enrolled into the CyberAccess system. Similarly, in Pennsylvania, where we recently implemented our CyberAccess tool to the Medicaid program's various care managers, training has been the key element to the successful adoption of the program. As such, our solution incorporates resources necessary to train, re-train, and continue to support all end-users of this pilot – ALMA staff, ADSS staff, and providers.

The Capabilities of our ECS Tool are Robust, More Comprehensive than that Asked for in the RFP, and Available from Day One to Providers, Program Managers and Consumers

The Alabama Health Information Exchange Suite incorporates the full Electronic Clinical Support Tool that is currently implemented in 18 Medicaid programs throughout the nation. The ECST includes clinical rules for 40 medical conditions and all prescription drugs, plus over 7,000 client-specific clinical and economic rules. These rules are applied consistently across all of the products that are made available through the ALAHIE Suite, including: CyberAccess, e-prescribing, intuitive prior authorization processes, program management reports, and DirectInform, our PHR product. Despite the complexity of the resident criteria, the ECST is extremely efficient and provides extremely quick response times, which helps ensure a hassle-free actionable information interface for providers. For example, in Texas, the ECST is hit for a criteria determination approximately 250,000 times per day, with an average response rate of ½ second. The ECST is HIPAA-compliant and is structured with several distinct security levels to ensure the protection of data.

In addition to being available Day One, and providing evidence-based practice rules substantially more comprehensive than those asked for in the RFP, significant strength of our Clinical Rules Engine is its flexibility. Our clinical rules engine is a table-driven platform – it is not "hard-coded." This means that a non-programmer (i.e., a clinician) can easily make changes to the existing criteria to meet the changing needs of the State. TQF stakeholders can work directly with ACS Heritage staff and clinicians to quickly add, update, test, and implement new rules and guidelines.

To support the analytical, profiling, and reporting needs of the State, ACS Heritage will provide two standard reporting packages: DirectReports and DirectOutcomes. Both products are .NET Web-based reporting systems built using Microsoft development tools that are familiar to Alabama IT staff and developers. Reports are designed to be easy-to-use, easy-to-understand, yet flexible. End users will have the capability of changing reports via parameters from drop down menus. DirectReports provides reports covering subjects such as population demographics, risk analysis and disease prevalence. DirectOutcomes provides measures in areas such as quality of care and provider profiling.

The ACS Team's Wealth of Experience in Assisting its Clients to Better Manage Their Programs Makes Us a Unique and Valuable Partner for the Alabama Medicaid Agency

The ACS Team has more than 35 years of experience in working with states to help them meet their program, management, quality, and financial goals. We are more than just a systems integrator or an electronic health record or case management/disease management provider. Rather, we are partners with states who understand the Medicaid program, the complex public policy issues that our clients face, the program's relationships with its providers and its role in state government. This experience makes us a unique partner for the Alabama Medicaid Agency as it pursues its TFQ Health Information System vision.

This experience provides added value to the State that we believe no other respondent will be able to match. For example:

- We already know what it takes to promote provider acceptance of new tools – ease of use, ensuring that the tool improves the process, the ability to incorporate the new tool into existing workflows, and training and reinforcement. Our ECST product, which incorporates these characteristics, is already a success in states where it is implemented, and we will transfer this experience to the TFQ Project.
- We understand that management tools develop over time and to meet specific demands. This often results in the tools being redundant in certain areas and uncoordinated in others, which can be frustrating for staff as it complicates workflow and results in inconsistencies that need to be addressed. As we work to develop the intra-operability among the Alabama HHS agencies, starting with ALMA and ADSS, we will bring our experience in streamlining and coordinating business processes to bear. In the pilot implementation with ADSS, we have already incorporated several business process enhancements, such as using drop-down boxes for commonly-identified review issues so that communication between the agencies can occur more quickly and reports can be more-easily generated.
- Time is always of the essence when implementing any change in the Medicaid environment. Our solution is designed in recognition of this, using easily-customizable and replicable models wherever and whenever possible. We can meet ALMA's aggressive timeframes and look forward to doing so.
- Targeting areas for focused improvement efforts is very important in the Medicaid environment, where not only do 30 percent of the enrollees generate more than 70 percent of the costs, but the top 4-5 percent of enrollees generates approximately 50 percent of the costs. Our predictive modeling capabilities enable us to help a state target its health care quality and disease management activities with these factors in mind: by delivering simple, cost-effective messages to keep those who are well in that state, while directing more intensive interventions to those who are high-cost and high-risk.

We look forward to bringing our knowledge and expertise in these types of areas to the table to assist ALMA, ADSS and, when the project moves out of the pilot stage, the State's other HHS agencies, to make the State's programs more responsive, cost- effective, and of higher quality.

Working with Stakeholders is Integral to Our Implementation and Management Approach

Our approach recognizes that an effective project will occur only if there is communication and consultation between and among the project's stakeholders. Our current work with the State of Missouri, where we have implemented our Electronic Health Record Suite and now have over 3,600 providers enrolled in the program, is a prime example of how a program became successful because of our work with stakeholders. We, therefore, applaud the State's collaborative approach to developing and refining its vision, which has, as its

hallmark, the inclusion of multiple stakeholders to guide the project's development. This approach will reap great rewards as the project moves forward, because it will strengthen stakeholder ties, giving the project the support and framework necessary to maintain momentum, foster continued creativity, and accommodate varying and changing needs. We will continue to follow in the State's well-formed footsteps in this area.

Required Certifications

In reference to RFP Number TFQ-2007-01, ACS Heritage, Inc., hereby certifies the following:

- ACS Heritage, Inc. has an understanding of and will comply with the terms and conditions and all provisions as set out in this RFP.
- ACS Heritage, Inc. has an understanding of and will comply with the specifications and requirements described in this RFP.
- ACS Heritage, Inc.'s proposal meets all mandatory Vendor requirements.

Why ALMA Should Choose the ACS Heritage Team

The ACS Heritage team offers the leadership, the advanced technology, the fresh ideas, and the proven processes to assist ALMA and the State of Alabama to realize its vision of an interoperable, intra-operable and clinically excellent program. Key differentiators of the ACS Heritage solution include:

- Only ACS Heritage has the proven track record of delivering its Electronic Clinical Support Tool and having it being used in 18 states to guide providers in the delivery of high quality health care. It is an elegant, intuitive, and easy-to-use tool that easily integrates into and enhances current office procedures.
- The ACS Heritage ECST is the only product on the Medicaid market proven to transform longitudinal patient data into real-time, clinically relevant information that enhances the provision and coordination of care.
- Only ACS heritage has an operational Medicaid EHR (Missouri) that is proven to:
  - Drive provider adoption (greater than 67% provider participation).
  - Deliver COTS tools that touch each major constituent in the continuum of care (physician, pharmacist, and patient).
- Only ACS Heritage has the proven track record and technology to deliver actionable information at the point of care on a real-time basis.
- Only ACS Heritage can substantiate significant quantifiable savings and enhanced quality from changing provider practice patterns. Our program in Missouri generates over a 15:1 return on investment – only the ALAHIE solution can provide ALAHIS assurance of long-term sustainability.
- Only the ALAHIE solution, through the semantic technology and capabilities of MDDatacor, will allow ALMA to drive participation in the ALAHIS program for Alabama providers that do not have an electronic medical record system.
- Our solution, which meets the ALAHIS needs for interagency intra-operability, will provide this data exchange and overlay a user-friendly, high-impact presentation layer.
- Only ACS heritage is proven to deliver its electronic health record / health information exchange solutions on-time and within budget.

Perhaps the strongest attribute we bring to the ALAHIS is our ability to work collaboratively with our clients to achieve their vision for the future. We understand that we work for you. We consistently demonstrate a true willingness to do more than meet requirements as defined in the RFP and to go the extra mile to achieve our clients' near and long-term goals. Going "above and beyond" is an important part of our company culture. ALMA can be assured that the ACS Heritage team is fully committed to the State and has the financial, human, and technical resources to execute this project, and meet or exceed all of ALMA's requirements.

2. Technical Requirements

RFP Reference: III, page 14 and Q, page 46, bullet 2

Proprietary Information. This section was removed for public review.

3. Integration and Interface

RFP Reference: IV, page 17 and Q, page 46, bullet 3

Proprietary Information. This section was removed for public review.

4. Approach to HHS Interoperability

RFP Reference: V, page 23 and Q, page 46, bullet 4

The user-friendly features incorporated in our proposed Alabama Health Information Exchange (ALAHIE) Suite will enhance and simplify current State agency activities, while maintaining as much of the primary information in its current location(s) as desired. Our solution is scalable, quick and easy to implement, and programmatically-expandable, making it an excellent component of ALMA's long-term HHS interoperability plans.

Alabama's goal of establishing interagency connectivity and interoperability is an extremely important one. The lack of interfaces and information sharing between and among different parts of the health care industry – be they providers or governmental agencies – is a major issue in the provision of high quality, efficient, and effective health care as well as in the management of health, human services, and disaster preparedness programs. ACS Heritage applauds the State of Alabama for piloting establishment of a system, known in Alabama as the Alabama Health Information System (ALAHIS), designed to coordinate information and activities between and among its various health and human services agencies and providers.

ACS Heritage further applauds the State of Alabama and its stakeholders for choosing the Alabama Department of Senior Services (ADSS) as the first agency to interface with the Alabama Medical Assistance Program (ALMA). Interfacing with an agency that is responsible for providing home and community-based services to a vulnerable, elderly and/or disabled, population will provide immediate benefits – in both quality of care and program management – and allow the two agencies to improve their joint efforts to meet the needs of those individuals who are touched by both agencies.

ACS Heritage is well-positioned to partner with ALMA and ADSS to meet their goals in this area. ACS Heritage has a strong background in effectively and efficiently coordinating information flows between and among agencies for over 26years. As an organization devoted to collaborating with our governmental partners to solve their problems, we also have extensive experience in understanding the needs of and relationships between differing parts of an organization, so that we can implement programs, processes, and solutions to meet their varying needs. A recent example of our activity in this area is our collaboration with Pennsylvania, where we coordinated the differing, but related, needs of several parts of the Medicaid agency so that they could better manage the quality and outcomes of the care being provided.

ACS Heritage's overall approach to HHS interoperability is to use the appropriate components of our proposed Alabama Health Information Exchange (ALAHIE) Suite – specifically CyberAccess and its robust functionalities, DirectReports, and our Hercules Rules Engine – to provide an easily-accessible, user-friendly interface to the systems and information, which ALMA and ADSS use on an everyday basis:

- CyberAccess will be the primary vehicle used for access. Through this vehicle, ALMA and ADSS staff will be able to conduct activities as different as obtaining specific medical information on a client, maintaining and searching a provider database or coordinating program management activities across agencies.
- DirectReports will allow ALMA and ADSS to run reports which will give them actionable information on how their programs are operating and coordinating.
- The Hercules Rules Engine is the basis of our Electronic Clinical Support Tool. Its powerful, rules-engine-driven solution, which enables disparate information to be collected, coordinated and returned to the end-user in the form of usable, actionable information, will be modified to meet status alert, notification and next-step requirements.

- DirectInform will provide consumers with information and educational material, in easy-to-understand language, to empower them to make informed life-style choices that affect their health status. DirectInform uses the same gaps-in-care that are identified to providers and care managers and displays them directly to the individual in the form of health improvement recommendations or "health-to-do's."

This solution is quick to implement because the component parts of the ALAHIE Suite are easily modifiable to meet specific programmatic needs – whether these needs exist in the current pilot environment or whether they develop as ALMA realizes its overall HHS interoperability vision. The Web-enabled capabilities of this system will allow staff to use the system whether they are in their offices, working from home, or are out in the field.

As you will see in the following discussion, the tool-set available through the ALAHIE Suite can be easily enhanced to meet the action-oriented information needs of ALMA and ADSS as they work to manage their joint programs. Moreover, our coordinated suite of services will allow ALMA to incorporate additional functionality over time, if it so desires.

1. Access to ADSS AIMS database to utilize information from the Home and Community Based Waiver (HCBS) Service Authorization Form, HCBS Waiver Care Plan, HCBS Waiver Program Assessment Form, Admission and Evaluation Data, and the HCBS Medication List Form for review and feedback by ALMA staff to exchange information on program guidelines and compliance with alert response of modification to designated ALMA and ADSS staff.

As a cooperative venture between ALMA and ADSS, operation of the Elderly and Disabled Home and Community Based Waiver program will be enhanced by ensuring that both agencies have access to program management as well as consumer-specific information. This first area of coordination concerns enrollment and continued participation in the waiver program. The forms and reports noted in the requirement are initially completed by case managers along with, as appropriate, the individual consumer's physician. Using the information provided by the case managers, ALMA's Long Term Care Unit makes the final determination on program eligibility. Data necessary to generate automated approvals and re-approvals is data-entered into the MMIS system.

ACS Heritage will establish a tab in CyberAccess which will link to the AIMS database so that individuals in either agency can view the HCBS forms and assessments and view and update provider data, while ensuring that the AIMS database continues as the original source of information. Specifically, ACS Heritage will incorporate the following functionality:

- Access to individual forms and/or the individual consumer information will be managed by user-access protocols which will be determined in consultation with ALMA and ADSS.
- CyberAccess will be customized to allow agency, as well as local area agency on aging staff, as appropriate, to communicate concerning the appropriateness of a specific individual's participation in the waiver, program guidelines, and other compliance and program management issues as determined by the two agencies.
- Drop-down boxes will be provided to simplify communication between the two agencies. For example, a drop-down box will be incorporated to allow approval of a waiver application. When it is determined that the application is to be disapproved or more information is needed, a drop-down box with a free-form comment area will be incorporated.
- Functionality will be developed to allow requests for approval and responses to be directed to appropriate staff members, as the two agencies so determine.
- An "alert" function will also be incorporated so that staff will know when action is required or when a determination has been made. As with other medical care alerts in the CyberAccess toolset, these alerts will appear on the opening page when a staff member signs on to the system.

To ease the administrative burden that case managers face in completing these forms, CyberAccess will also be modified to incorporate additional automated forms functionality. A separate tab will be established in CyberAccess so that case managers, physicians, and any other authorized individuals can complete the required forms on-line and upload the completed documents into the AIMS database. (During the pilot period, existing forms of access will continue to be maintained in the AIMS system for those who are not able, or who do not desire, to access CyberAccess; over time the State may want to consider changing this capability.) If the State desires, we could directly transmit this data to its MMIS fiscal intermediary, EDS, so that the waiver authorization process can occur virtually simultaneously with ALMA approval. However, given that there may continue to be individuals who do not use CyberAccess and that a final ADSS review may be desirable prior to transmission to EDS, we do not recommend incorporating this functionality at present.

2. Ability to identify ADSS service providers listed by name and provider number through AIMS database and be accessible and updatable by both agencies.

As noted above, CyberAccess will be modified by establishing a tab through which users will have access to the AIMS database. Through this link, individuals in either agency will have access to ADSS service providers listed by name and/or provider number. ACS Heritage envisions that both agencies will have capacity to update the provider demographic information through CyberAccess. Data from the provider subtab in CyberAccess can be exported from the system in XML or delimited file structures to create a provider update record that can be passed to AIMS for update. If desired and allowed by the agencies, ACS Heritage can build stored procedures associated with the form to further automate the update process. The exact methodology and fields to be updated from the CyberAccess link will be confirmed with both agencies during JAD sessions.

3. Provide for information exchange between agencies for approval and re-approvals of Adult Day Health providers' compliance with ALMA Adult Day Health Standards and record the response in the ADSS database and alert designated ADSS staff of update.

Adult Day Health providers are required to meet ALMA Adult Day Health Standards to participate in the Home and Community Based Services Waiver program. Responsibility for Adult Day Health Care providers resides in both ALMA and ADSS: ADSS staff performs the reviews of Adult Day Health providers to ensure that they meet standards and ALMA staff reviews the assessments completed by ADSS.

- CyberAccess will incorporate functionality, which permits ALMA and ADSS staff to communicate concerning approval and re-approval of Adult Day Health provider programs.
- ALMA staff will be able to review the appropriate standards and, using the same drop-down box approach described in the response to requirement # 1, communicate back to ADSS concerning whether the review meets requirements or not.
- Again as noted in response to requirement # 1, functionality will be included that will permit ALMA staff to direct their responses to the appropriate ADSS staff.
- An "alert" function will be incorporated so that staff will know when further action is required or when a determination has been made.
- To the extent that ALMA and ADSS determine that they would like on-line access to the letters and other written documents, which are produced as part of this process, but outside of the CyberAccess application, CyberAccess can be modified to permit staff of both agencies to view copies of the documents.

Our solution recognizes that the review process today is manual and that the State is interested in ALMA and ADSS staff being able to communicate concerning the reviews, but is not currently interested in automating the complete process. However, while lengthy and detailed, the forms which are used to assess compliance

with these Adult Day Health Standards can be automated and included as a separate functionality in CyberAccess. Including these forms in CyberAccess will enable ADSS staff to directly enter the results of their reviews into an on-line form. Although this functionality is not included in this response, ACS Heritage has substantial experience helping its clients to review and modernize its business processes and would be pleased to discuss how we could work together to accomplish this goal in this and other areas.

4. The ability to access claims data identified by HCBS procedure codes viewable by ALMA and ADSS with the ability to retrieve data by date range up to twelve (12) months.

The Patient Data Hub that is the backbone of ACS Heritage's solution for the State of Alabama can accommodate all types of claims data, including claims identified by HCBS procedure codes. Moreover, while the State has asked for claims data to be available for a period of twelve months, the ACS Heritage Patient Data Hub can accommodate claims for up to 24 months. These claims would be available to ALMA and ADSS staff, including local area agency on aging case management staff, depending on role-based security access rules, on a consumer-specific basis or in a variety of summary data arrays, such as by specific provider, provider type, region, or time period.

As noted in the response to # 10 below, claims history on a consumer-specific basis will also be arrayed with non-waiver claims so that a case manager, physician, other provider or reviewer can get a more holistic perspective of the service utilization and care needs of the individual HCBS Waiver participant, including gaps-in-care identification and other alerts provided by the ALAHIE Suite. Specific alerts could be disabled if, due to the frequency with which HCBS Waiver claims are submitted, the alert system would inappropriately identify gaps-in-care or in needed activities.

5. A common HCBS complaint repository that shall have functionality to:
- Record, track, and report on ALMA and ADSS HCBS complaints to resolution,
- Restrict accessible to ALMA and ADSS designated personnel,
- Restrict modification of specified ALMA and ADSS data elements,
- Log and report access and modifications to data elements,

ACS Heritage will modify the rules-based backbone of its HIE Suite to add functionality to meet ALMA's and ADSS' needs for an automated HCBS complaint system. Again accessible through a separate tab on the CyberAccess application, and available only to those staff members who are appropriately designated, this solution will include the following functionality:

- The system will automate the incoming complaint logging form using Microsoft Infopath, so that information on the complaint will be available for follow-up as well as data analysis and review. The automated complaint form will also permit appropriate alerts to be established so that staff members and supervisors are notified of upcoming required due dates and time frames. We will work with ALMA and ADSS to identify required data elements, but expect that this form will include, at a minimum, the following:
  - Name of complainant
    - The log will also permit individuals to report complaints anonymously and/or only noting the relationship of the complainant (e.g., staff member, relative)
  - Medicaid number, if applicable
    - Not all complainants will have Medicaid numbers, nor will all complaints be client-specific, so the log will not require this data element
  - Date of complaint
    - This date will be automatically entered with an option to modify the date if the complaint was received on an date different than the entry date.
  - Name of individual taking complaint

    - This element will be automatically entered based on the individual who signed in to the system.
  - Nature of complaint
    - If there are routine categories of complaint types, they can be placed in a drop-down box. This function will facilitate data entry as well as report development. Free-form data entry will also be incorporated.
  - Date complaint is to be resolved
    - To the extent that resolution timeframes are associated with specific complaint types, this data element can be automatically entered.
  - Individual or organization responsible for following-up on the complaint
    - This element can include drop-down boxes as appropriate.
  - Date complaint resolved
  - Nature of resolution
    - If there are routine categories of resolutions types, they can be placed in a drop-down box. This function will facilitate data entry as well as report development. Free-form data entry will also be incorporated.
- Role-based access will be incorporated throughout the application so that data element modifications, updates, and other changes can be made only by those individuals and/or supervisors who are appropriately authorized.
- The system will date- and time-stamp data access occurrences, as well as noting the individual(s) who modified and/or viewed the data.
- The system will recognize that complaints can be received by either ALMA or ADSS. Because it is also possible that an individual complaint may be received by both agencies, the system will include functionality that will identify similar complaints, permit a staff person to identify duplicates, and provide a pointer to the other complaint(s).
- Routing procedures will be built into the system, based on ALMA and ADSS protocols, so that appropriate personnel are included in the review process and next steps are easily identifiable. As noted above, automated alerts will be incorporated to alert staff of incoming complaints and to remind staff of required upcoming activities.

This approach can be easily modified/enhanced for use in logging complaints for other programs under the purview of ALMA, ADSS, or other state agencies.

6. The ability to request Corrective Action Plans (CAP) from ADSS for discrepancies identified during audit and the ability for ADSS to respond to the CAP and ALMA to approve or disapprove the CAP.

CyberAccess is the vehicle through which ALMA and ADSS staff will communicate concerning Corrective Action Plans (CAPs) As noted earlier in this section, a separate tab will be established providing a link to AIMS. ALMA staff will be able to access the Adult Day Health and other Home and Community Based Services Waiver program provider audits through this link:

- Automated review of the audit will be structured so that ALMA staff is able to mark specific items as meeting or not meeting standards.
- An overall tally of the areas found deficient, if any, will be calculated by the system, using current ALMA standards and criteria.
- Supervisory review, as appropriate, will be incorporated in this review process and protocols.
- Once an ALMA determination has been concluded, the system will develop the summary document. This document will incorporate any deficient areas for transmittal to ADSS. The summary document will

be customizable by ALMA staff so that specific information and/or guidance can be included in the transmittal. The summary document will also include any required response timeframes, as well as other information requested by ALMA or ADSS (such as whom to contact to obtain clarifications, etc.).

- Transmission of the document will be guided by routing protocols established by the two agencies and will incorporate the capability of overriding routine procedures. ADSS staff will be alerted to receipt of the transmission, with an easy-to-decipher distinction between those reviews that have resulted in approvals and those which require Corrective Action Plans.
- In the event that a Corrective Action Plan is necessary, ALMA staff will be alerted that a response is due from ADSS within timeframes established by ALMA. Similarly, ADSS staff will receive ongoing notices that a Corrective Action Plan is due and when.
- Once a CAP is completed, ADSS will be able to transmit the plan to ALMA, using established routing procedures.
- Staff and supervisory review processes and procedures, as well as final approvals or continued disapprovals, comparable to those established for the initial audit review, will be applied to the CAP review process.

7. The ability for an automatic system prompt with a thirty day notification to alert both agencies of audit dates for ADSS to audit Direct Service Providers and ALMA to audit case management activities.

Comparable to the functionality discussed in the response to requirement # 5, the system that ACS Heritage will provide to the State of Alabama will incorporate alerts and prompts at appropriate times. As specifically requested in this requirements section, the interface with AIMS will enable CyberAccess to incorporate recent historical information on audit completion dates and timeframes for case management reviews. This historical information will allow CyberAccess to establish 30-day alerts for both activities. The alerts and prompts will be received by appropriate staff and their supervisors, based on protocols established by the two agencies. Completion of the required activities will be able to be recorded so that activities required by the alerts can be identified as fulfilled.

8. The ability for ADSS and ALMA to review data on ALMA specific indicator reports and exchange responses between agencies.

The approach proposed to allow ADSS and ALMA staff to review specific indicator reports is comparable to that outlined in response to requirement # 6, concerning Corrective Action Plans:

- Specific ALMA indicator reports will either be initially incorporated into CyberAccess or will be accessible through a tab which contains a link to the ALMA database on which the report resides: ACS Heritage will determine which approach will be taken after consultation with ALMA.
- Specific role-based authorizations will be established based on agency input to permit appropriate individuals in either agency to access the reports.
- When there are specific protocols for reviewing data and exchanging responses, these routing protocols will be incorporated in the system. An override function will also be included so that exchanges can occur on an ad hoc basis. When there are no specific review protocols, the system will permit ad hoc responses. In either case, role-based authorizations will limit to whom a response can be sent.

9. The ability to alert ADSS and ALMA of providers enrolled or requesting enrollment that have been identified as noncompliant, fraudulent, criminal, or having had a history of abusive activities with information only modifiable by reporting agency.

Having up-to-date information on providers or potential providers who may be inappropriate to serve HCBS Waiver participants is an essential quality feature in any waiver program, and it is extremely important that ALMA and ADSS staff be able to identify such providers quickly. ACS Heritage's approach to development follows:

- ACS Heritage will work with ALMA and ADSS staff to determine the specific data elements to be included. For example, the involved state agencies may want to include a general description of the nature of the infraction or concern. Alternatively, they may prefer only to identify a source to be contacted for further information. This approach might be preferable for reasons as diverse as not wanting to require staff to take the time necessary to summarize the information, to being concerned that this information might then be subject to open records requirements and could then potentially be used to compromise an enforcement activity.
- The data will be searchable by several data elements such as name, address, and provider type. Specific searchable data elements will be determined in consultation with ALMA and ADSS.
- Role-based authorizations and/or specific staff member name tables will be used to ensure that only authorized individuals have permission to update the data.
- Alert and notification procedures will be established to ensure that appropriate staff is informed when there is a status change related to a provider.

The information that will be incorporated as a result of this effort is currently managed manually by ALMA and ADSS staff, based on information maintained in ALMA, ADSS, and other agencies with enforcement and review responsibilities. As this project moves out of its pilot stage and more agencies are included in the ALAHIS, ALMA may want to consider incorporating the ability for non-ALMA/ADSS initiating agencies, such as Alabama's Medicaid Fraud Control Unit, to directly enter this information into the system. This approach will improve the speed and accuracy with which this information is available. Moreover, it is possible to build direct links between the ALMA/ADSS review activities and this data.

Similarly, as the project moves out of its pilot stage, this process could be used to identify problematic or potentially problematic providers outside of the HCBS Waiver environment.

10. The ability for ADSS and ALMA to view HCBS client's health information included in the ECST.

Client health information (including claims based data; other clinical information received from providers, office-based electronic medical records or individual consumers; as well as HCBS Waiver claims data) will be available and included in the ECST. Providers, case managers at both the state and local level, and other ALMA and ADSS employees will be able to access this health data through CyberAccess.

The health information provided will be as robust as that provided through the ECST for all other participants. Additionally, the processes built into the ECST for individuals in HCBS Waivers will be enhanced to include more alerts, such as those related to upcoming mandatory assessments. Due to the delayed timing of some of the HCBS claims, the system will also be structured to permit certain alerts to be disabled.

Our solution also includes the capability for clients, as well as their caregivers, to access client-specific data through DirectInform. DirectInform provides the same information in consumer-appropriate language as is made available to providers and case managers through CyberAccess.

DirectInform will be available to any individual enrolled in Alabama's Medicaid program. By enabling Cash and Counseling program consumers and their caregivers to access valuable health status and program management information using an easy, Web-enabled tool, this functionality will be particularly useful for the ADSS population subject to the recently-approved Cash and Counseling State Plan Amendment. Specifically, DirectInform can assist this population by providing:

- information on what services they have used

- information on how much of their budget they have used and the amount remaining
- alerts and notifications on upcoming activities, assessments, etc.
- actions that they could take to reduce their costs and/or their service needs and/or increase their health status
- care-based information

ACS Heritage will work with ALMA and ADSS staff to identify what functionality they would like available through this presentation environment and how and to what extent they would want DirectInform to link to other vendors supporting this expanding program.

As the overall Health Information Exchange Suite is expanded into more of the HHS interoperability environment, DirectInform will similarly be available to other program participants such as, for example, individuals participating in the Women's, Infants' and Children's (WIC) program.

5. Approach to ECST Including the Checklist

RFP Reference: VI, page 25 and Q, page 46, bullet 5

ACS Heritage provides a proven, low-risk, and hassle-free approach to the Electronic Clinical Support Tool (ECST) that is accessible via the Web to doctors Day One of the ECST pilot. Hercules, our real-time rule-based clinical engine, identifies potential gaps-in-care and medication therapy issues, and then provides the information to providers at the place and time where the knowledge can have the most impact on quality of care: the point-of-care between the patient and provider.

John Doe is a 57-year old male patient of Dr. Johnson's primary care office, presenting with a mild fever, complaining of light-headedness, dizziness, and upset stomach. The nurse on duty, Nurse Barton, logs onto CyberAccess and pulls up John's patient information. Nurse Barton checks John's eligibility and notices that John is currently eligible for Medicaid, but has had recent periods of ineligibility including periods of no insurance.

After reviewing John's eligibility, Nurse Barton reviews John's personal and emergency contact information, noting it is complete. She verbally verifies the accuracy of the emergency contact information with John. Next, she notices John has a recent primary diagnosis of diabetes with no acute incidents. Several clinical alerts are now available to her from CyberAccess. Hercules, a real-time, rules-based clinical decision support tool has examined John's complete episode of care and detected several gaps-in-care versus the published national and ALMA-specific diabetes care guidelines. Several Medication Therapy Management alerts have also been identified by Hercules and posted in CyberAccess. The clinical alerts indicate to Nurse Barton that John has not had an A1C level check in the past twelve months and his HDL level is alarmingly low at 35 (LDL 210).

Nurse Barton inquires about John's physical activities level, reminding him that even walking 20 minutes a day is healthy. She reminds John, quietly, that he can access all of his own health history online at any public library or internet café through DirectInform, ALMA's new consumer health tool. John was aware of the tool and had in fact used it to review his health history and health recommendations prior to his visit. John shows Nurse Barton the printed copy of his health recommendations that he had obtained from DirectInform. Sure enough, the recommendations matched exactly to those produced by CyberAccess for Nurse Barton. The same gaps-in-care and adverse drug reactions identified in Hercules are available to recipients and caregivers alike, in appropriate and easily understandable language. Nurse Barton notices in the medication alerts from CyberAccess that John has the opportunity to save money on his medications by switching his blood pressure medicine from his current brand name prescription to Linospril, a generic version of the drug. Nurse Barton confirms through CyberAccess that indeed, Linospril is supported by the Medicaid PDL.

In the examination room, Dr. Johnson reviews John's patient history, recent lab results, and alerts generated by Hercules presented to him automatically through CyberAccess. Dr. Johnson's focus is drawn to an adverse drug interaction alert. John has been prescribed a second blood pressure medicine by another doctor. Through a secure email link within CyberAccess, Dr. Johnson notifies the other physician of the medication therapy conflict and advises him of the current treatment plan. Dr. Johnson then focuses on the gaps-in-care alerts generated by Hercules. He pulls up the physician profile available in DirectReports and compares his performance on diabetes care to other PCPs. He notes that he has relatively fewer care gaps than most of his peers and this performance is exceptional for controlling patient blood pressure. However, he does note that he lags behind his peers in patient BMI management and A1C control. He notes John's deficiencies in these areas and immediately orders an A1C test for John through the electronic health record (EHR).

Another alert then catches Dr. Johnson's attention. John has been identified in CyberAccess as a "risk mover." Diagnostic Cost Groups (DxCG) member-based predictive models, running within the Electronic Clinical Support Tool (ECST), have analyzed John's diabetes episode of care in claims history and noted John's regression from wellness to illness. The member-based model has included events from John's medical history, including those periods when John was uninsured or had coverage other than Medicaid, events that could go unnoticed in normal episodic groupers due to eligibility changes. John is fortunate, as the models have detected the change in his condition before full onset of the conditions; that although he is moving toward a high-risk category, he has yet to suffer an acute incident and is still relatively low-cost. Dr. Johnson notes that John is in need of additional management for his condition and through CyberAccess, sends a secure email note to the clinical case management team detailing John's condition and requesting assignment to the case management program.

Dr. Johnson then consults with John about proper nutrition and exercise, checks the PDL for a PA requirement for Linospril. Before submitting the prescription, the ECST checks John's history to ensure that the drug will be approved under Medicaid's prior authorization rules. The approval is returned within seconds, and Dr. Johnson then "writes" the prescription using the online e-prescribing link within CyberAccess. The prescription is electronically submitted to the pharmacy where it is waiting for John upon his arrival.

John goes home with his gaps-in-care for his A1C level check and lipid management addressed; helping him improve his health outcome and avoid more costly complications. John's health risk has been reduced by detecting a potentially dangerous duplicate therapy and a secure notification sent to the other care provider. John even experiences less financial impact because his new generic equivalent blood pressure medication costs less than his brand prescription. Within days, he is contacted by his new case manager, who reviews his case history with him, including his medications, and diagnosis. To John's dismay, he is reminded by the new case manager of the need to exercise and has been sent several brochures he can read for additional information.

In this example, the ECST has helped Dr. Johnson manage and improve the quality of care for John Doe. Powerful rules-based analytics provide "actionable information" through real-time sentinel capability, examining the full treatment of John's health episode versus national and ALMA TFQ guidelines. Identified care gaps are sent real-time to the provider, to the place where it matters most: the point-of-care between the provider and the patient. Not only are care gaps identified in accordance with evidence-based medicine guidelines, but potential adverse drug interactions are also identified and sent directly to the provider. The PDL is supported by allowing providers to check the PDL status of drugs and determine if the drug will meet PA criteria prior to submitting the prescription. Additionally, consumers are empowered with information regarding potential cost savings achieved by using preferred agents (in further support of the PDL). Doctors have access through CyberAccess to profile reports, allowing full comparison to their peers on treatment of specific diseases. Providers have the ability to identify deficiencies in the treatment plans as well as ability to manage key quality indicators. The result provides knowledge to the person who is able to make the most use of this information: the doctor. Predictive models help identify changes in individual risk, helping to provide detection of not only high-risk, high cost cases, but also early detection and intervention for those moving from lower to higher risk.

In summary, this capability is available now and is a proven, low-risk, solution for implementing our proposed Alabama Health Information Exchange (ALAHIE) Suite and an Electronic Clinical Support Tool in Alabama. In selecting ACS Heritage, ALMA will be assured of an EHR and ECST with the following characteristics:

- Alabama Health Information Exchange solution suite that has been proven with multiple clients representing a low-risk implementation for Alabama

- Proven, real-time Electronic Clinical Support Tools with the analytical speed and accuracy available only in centralized models
- Immediate availability of analytics and clinical support of evidence-based guidelines across the entire population
- Ability for TFQ to add, change, and update disease or condition specific quality indicators
- Creates an "Electronic Medical Home,, not only for Patient 1st eligibiles, but for all members
- Comprehensive, complete Alabama Health Information Exchange solution suite that contains recipient-specific data and recommendations, regardless of payor, insurance status, or clinical data source

Testimonials/Articles

"Mo HealthNet participants deserve the safest and best care that we can provide, and an important component of quality care is improved and effective technology," Gov. Blunt said. "Mo HealthNet will allow us to use technology to provide world-class health care for Missourians, while reducing costs and improving access."

Jiffy Lube service facilities' technology based records and information database demonstrates the need to improve the current medical record systems. The facilities' database recognizes each customer, vehicle, service history, preference and can be accessed by professionals at every location. In comparison, patients and medical professionals have no way to access even the smallest details about an individual's medical background.

The new CyberAccess program coupled with the potential for electronic health records, part of Mo HealthNet, will provide a secure system for medical information and take steps toward offering the same advantages to medical professionals and their patients that vehicle owners and Jiffy Lube staff currently enjoy.

The Electronic Health Record puts in place the concept of one patient - one record across an entire health care system….

Governor Matt Blount, Missouri
HealthNet Press Release
Monday, July 2, 2007
http://www.gov.mo.gov/press/HealthNetBill070207.htm

"Not only has CyberAccess been an invaluable tool to allow us to monitor patient drug therapy while eliminating potential abuse, It also gives us the ability to get prior authorizations for medications and pre-certifications for procedures."

Annetta Schwader ANP-BC
Advanced Pain Center
Poplar Bluff, Missouri

"In providing Service Coordination for individuals with Developmental Disabilities CyberAccess has aided greatly in obtaining medication histories, diagnosis and physician information. This tool not only aids us in doing our job faster but more accurately which allows us to provide better services to those with Developmental Disabilities."

Stephanie Lambert
Service Coordination Supervisor
St. Francois County Board for Developmentally Disabled
Cape Girardeau, Missouri

"[George] Oestreich said the state [of Missouri] continues to add features to CyberAccess. For example, online precertification of imaging procedures saved the state $4.4 million in the first quarter of this year, he said."

Government Health IT Magazine
June 4, 2007
http://govhealthit.com/article102743-06-04-07-Print

Functionality	Definition	Vendor Solution	Additional Features
EHR: Electronic Claims Based Health Record	Patient medical record providing service history. Allow 'opt-out' capability for the exchange of restricted data based on patient request e.g. psychiatric data. All patient data in the EHR should be available for access unless it is specifically restricted.	CyberAccess contains available Medical and Pharmacy Claims History. Patient will have ability to opt-out completely from EHR tool if approved by the Agency.	See product overview for CyberAccess below.
Electronic Formulary/Drug File Management and Alternatives	Preferred Drug List (PDL) information (ALMA and BCBS) , maximum units, override and prior authorization requirements, generic and therapeutic alternatives at point of prescribing with incorporated drug monographs and prescribing information	PDL is fully supported in CyberAccess and available through the tool. ECST functionality allows user to determine if patient meets payer-specific PA criteria.	Doctors and patients have full access to drug alternatives including cost savings options.
Electronic Drug Risk Management	Drug interaction alerts, therapeutic duplication alerts, low and high dose alerts, drug-condition alerts	CyberAccess performs full Medication Therapy Management (MTM) capabilities including detection and notification of duplicate therapies, adverse drug interactions, dosage and refill alerts.	See CyberAccess below
Electronic Pharmacy Prior Authorization/Override Notification	Provide notification through electronic messaging to prescribing provider of approval or denial. Currently physicians and pharmacists can fill out PA requests online through the HID website. The tool should link to this functionality for online submission of PA requests. For more information visit: www.hidmedicaid.com	CyberAccess will interface and will allow access to the HID Medicaid website to submit PA and receive confirmations or denials. For other clients, we provide immediate PA determinations using our ECST.	CyberAccess allows physicians to check whether a claim requires PA online and check to see if the claim meets PA requirements real-time. See CyberAccess below.
Disease and Care Management	Alerts and flags using evidence-based guidelines focusing on chronic disease as well as on prevention shall be incorporated and at a minimum must include ALMA specific QI measures for diabetes and asthma (Appendix F), EPSDT screening guidelines, US Preventive Services Task Force Guidelines USPSTF), Depression screening guidelines (AAFP "Point of Care Guide", PHQ-9). Must be modifiable to allow the addition of new alerts/flags for additional QI measures or changes to measures. Patient risk scoring and predictive modeling tool for utilization by ALMA in risk stratification for care management. Methodology used for risk scoring and predictive modeling must be described in detail.	Hercules, the rules-based clinical support tool, examines claims, laboratory, and other available patient information in a real-time mode, sending gaps-in-care or medication management alerts to providers and recipients alike. All rules are customizable by ALMA, allowing for new QI flags to be easily added, tested, and implemented. Patient scoring, disease categorization, and risk stratification are created using DxCG's Diagnostic Categorization Grouper.	See Clinical Rules Engine Below.

Functionality	Definition	Vendor Solution	Additional Features
Provider Profiler and Peer to Peer Clinical Support	Ability to look at providers within peer groups and based on established measures.	Providers can compare and contrast their performance in a episode of care versus peers based on evidence-based guidelines	See Clinical Rules Engine Below
EPI: Emergency Patient Information	Important patient information regarding allergies, medical conditions, drug intolerances, etc. entered by patient and provider with the source of the information identifiable.	Important patient information, health risk factors, demographics, patient and provider entered information, and family history are stored in the PDH. The PDH will interface with the EPI for data updates.	All information in the PDH is available to Hercules, the clinical rules for analysis, alerts, drug contra indications and QI measurement. See Clinical Rules Engine below
Laboratory Results	Lab results reporting with normal reference ranges	Lab results are stored by patient within the PDH with reference ranges	See Clinical Rules Engine below
Immunization Record	Creation of immunization record from claims data and ImmPRINT registry	CyberAccess includes full ability to create and display a patient's claims and immunization data from ImmPRIN.	Hercules, our rules based clinical decision support engine, generates alerts as appropriate for individuals who have not had necessary immunizations, including annual flu shots. See Clinical Rules Engine Below
eRx: Electronic Prescribing	Facilitate submission of electronic prescriptions, new and refills and submission to the pharmacy in multiple formats e.g. fax, printable for signature, etc. following standards approved by the Alabama State Board of Pharmacy.	CyberAccess allows physicians capability to check PDL requirements, receive PA determinations, and submit e-prescribing transactions real-time through the EHR portal	See CyberAccess below.
CDS: Clinical Decision Support	Offer prompts to support the adherence to care plans, guidelines, and protocols and also based on patient specific data at the point of capture.	Hercules, our rules-based Clinical Decision Support tool, evaluates all patient-specific data for adherence to care plans and care guidelines based on the patient-specific condition	See Clinical Rules Engine below
CDE: Clinical Data Exchange	Allow submission and receipt of patient information including procedure results from disparate data sources	The PDH stores and tracks all patient procedures, regardless of payor data source.	ACS Heritage currently interfaces with 11 different payor sources using standardized X12 transactions.
Referral Management	Allow the origination, documentation and tracking of referrals between care providers including emergency room, specialty referrals, etc.	CyberAccess allows documentation and tracking of referrals between providers, specialties, and ERs	CyberAccess includes capability for secure communication between providers within the application for referrals

ACS Heritage's Alabama Health Information Exchange Suite provides an open, proprietary product solution, which is modifiable to meet Alabama's specific needs. As a proven product within the Medicaid EHR environment, we are able to implement the solution rapidly, within reliable cost parameters and at minimal project risk. The solution itself is Web-based, thereby virtually eliminating the need for provider investment other than obtaining Web access and exhibiting the willingness to learn about the product. The suite incorporates the full Electronic Clinical Support Tool (ECST), which includes clinical rules, which are applied consistently across all of the products that are made available, including: E-prescribing, intuitive prior authorization processes, a personal health record accessible by each individual, and the Alabama Health Information Exchange Suite and clinical support tools designed for use by physicians, pharmacists, and other providers. The product is HIPAA-compliant and structured with several distinct security levels to ensure the protection of patient data.

We at ACS Heritage firmly believe that we have demonstrated our capability in this area in our work with other states and, as a result, can assist and support the State and its many committed stakeholders in fully realizing their new and forward-looking vision.

Program Goals and Objectives

ACS Heritage's proposed approach for Alabama Health Information Exchange (ALAHIE) program is consistent with and meets Alabama's overall goals for the exchange of healthcare information, creating a repository of patient-centric data, which facilitates the efficient exchange, sharing, coordination, and growth of knowledge about each patient's health status. The ACS Heritage approach for the ALAHIE solution supports ALMA's overall goals for the ALAHIE as follows:

Alabama—Together for Quality (TFQ)	
Specific Goals of TFQ Program	**How ACS Heritage Solution Addresses Stated Problems**
Improve quality of care of patients by providing tools that support the coordination of services across the medical home and their specialty care providers	• The primary care provider (PCP) is the central coordinator in the medical home model, supported by an array of care managers making contact with the patient across the spectrum of care and linked by the EHR.
Enhance opportunities for continuous care improvement and, at the same time, reduce wasteful use of resources	• Our ALAHIE solution provides EHR to all physicians, care managers, specialists, and ERs, reducing or eliminating duplicate services, providing all caregivers with information necessary for understanding patient history, conditions, and health risks.
Promote adoption of evidence-based care and care-coordination programs through increased awareness of and participation in available disease management protocols, aimed at improving health outcomes and preventing further disease complications among patients	• Our ALAHIE solution incorporates the latest evidence-based medicine. Search algorithms patrol the patient data hub on a real-time basis by comparing patient history to known guidelines for up to 40 different diseases. • Identified "gaps-in-care" are sent simultaneously to providers and pharmacists, in language appropriate to the audience. • Intervention opportunities are identified and are adjusted in accordance with recipient condition and risk score. • Practitioner based outcome reports will compare individual practitioner results with education and outreach efforts geared toward identifying and correcting unwanted treatment variation.

Alabama—Together for Quality (TFQ)	
Specific Goals of TFQ Program	**How ACS Heritage Solution Addresses Stated Problems**
Integrate information technology	• Introduce EHR in a phased approach beginning with administrative data. • Work closely with Alabama to identify critical data elements and integration for EMR data into the solution. • ACS Heritage solution also includes two components capable of gathering data from doctors without Electronic Medical Record systems. • Overall, the ACS Heritage solution allows lower cost entry into EHR for all physicians, and allows physicians with limited technology the capability to contribute and participate.

Additional Features Section

CyberAccess – Physician EHR Portal

CyberAccess provides treating physicians, nurses, physicians assistants, and care managers with a complete patient medical claims history (including encounter claims), and delivers succinct best practices recommendations. CyberAccess' clinical rules engine examines claims information real-time for the entire population and identifies gaps-in-care as compared to nationally published guidelines for close to 40 different medical conditions. The identified gaps-in-care represent a serious potential risk for adverse health outcomes for these individuals. The result for the State is improved quality health outcomes, quantifiable savings (current national estimates show that ROI on adherence to evidence based medicine guidelines is $1,000 per month, per incident), and improved identification of actionable members as compared to other EHR systems available.

With this information, physicians are empowered to proactively make the right care decision for their patients. Care coordination and patient safety are improved by CyberAccess by providing physicians with the following web-based capabilities:

- **Patient History.** The provider can download all claims data submitted for his or her patient over the past two years (drug claims, diagnosis codes, CPT codes, etc.).
- **Care Management Alerts.** ACS Heritage's proprietary clinical rules engine identifies and alerts physicians about care management issues and gaps-in-care.
- **Patient Benefit Design.** The physician can prospectively examine how specific formulary, prior authorization (PA), and Pro-DUR criteria would affect an individual prescription. Using this information, the physician can determine if a prescription meets ALMA's requirements or if a PA request is required. Suggested prescribing alternatives and best-practices information are also included.
- **Prior Authorization/Pre-Certification.** The physician can check drug and medical prior authorization criteria. The ECST supporting CyberAccess provides immediate determinations to the user.
- **E-prescribe.** The physician can immediately determine if a patient meets the payor's guidelines for appropriate utilization. The physician can then request a pre-certification of a PA and/or transmit a prescription electronically.

CyberAccess EHR e-prescribing tool is a Web-based, HIPAA-compliant portal that provides physicians and/or their staff access to:

- Download all claims data submitted for their patient over the past two years (drug claims, diagnosis codes, CPT codes, etc.).
- Identify care management issues for their patients.
- Electronically request a prior authorization (PA) via a link to the www.hidmedicaid.com portal.
- Display results returned from HID to the provider if the authorization meets approval criteria of the ALMA's program.
- Real-time review of the PDL to determine if a drug is a preferred agent or requires prior authorization.
- Prospectively examine how specific PDL, PA and proDUR criteria would affect an individual prescription and determine if a prescription meets the State's requirements or if a PA request is required. Suggested prescribing alternatives and best-practices information are also included.

DirectReports

To support the analytical, profiling, and reporting needs of the ECST, ACS Heritage will provide two standard reporting packages: DirectReports and DirectOutcomes. Both products are .NET web-based reporting systems built using Microsoft development tools that are familiar to Alabama IT staff and developers. Reports are designed to be easy-to-use, easy-to-understand, yet flexible. End users will have the capability of changing reports via parameters from drop down menus.

The following types of reports and capabilities are included with DirectReports and DirectOutcomes:

- DirectReports - Population Reporting, Risk Analysis Reports. Reports are Web-based, displayed with easy to understand graphs and tables, designed for executive level understanding of current status and trends in the covered population. Reports include population demographics, medical and pharmacy, financial analysis, disease prevalence, and health risk.
- DirectOutcomes – Measurement of quality of care, provider profiling, and quality indicator reporting. Available through CyberAccess to end users, these reports allow providers to compare their performance on specific diseases to each other based on comparing provider practice to evidence based guidelines. The reports provide in-depth understanding of the effectiveness and efficiency of care delivered.

Predictive Modeling

ACS Heritage's solution includes best of breed predictive modeling capabilities for Alabama. The technology allows the assignment of risk-scores to individuals or groups, affording program and medical managers the opportunity to understand the prevalence of disease within the population and accurately predict future costs. Predictive Models and risk adjustment will provide the Alabama Health Information Exchange with capability to:

- Identify high-cost, high-risk patients for potential recommendation to case management
- Identify and track "risk movers"
- Understand cost drivers within the individual
- Adjust provider experience according to severity of patient illness
- Understand illness and prevalence of disease at the individual and population level
- Accurately predict future costs

An independent study sponsored by the Society of Actuaries (SOA) has found that the DxCG predictive models—Diagnostic Cost Group (DCG) models, underwriting models, and RxGroups® models, have best-

in-class predictive accuracy among commercially available risk adjuster tools in predicting health care costs. The findings are in a study released in April 2007 titled ***"A Comparative Analysis of Claims-based Tools for Health Risk Assessment,"*** which updates a similar study published in 2002.

Clinical Rules Engine

The backbone of the ACS Heritage EHR-based disease management solution is a flexible table-driven software application with relational database file structures. The ACS Heritage Clinical Rules Engine includes a collection of clinical and business rules (comprehensive criteria), in addition to a rules engine that queries data obtained from the MMIS, including, but not limited to, recipient eligibility, provider eligibility, and claims history. As claims pass through the system, it generates a collection of flagged claims, which are communicated through our EHR portals to providers, recipients, and the payor in the form of health care recommendations.

A particular strength of the ACS Heritage Clinical Rules Engine is its flexibility. Our clinical rules engine is a table-driven platform – it is not "hard-coded." This means that a non-programmer (i.e., a clinician) can easily make changes to the existing criteria to meet the changing needs of the State. ALMA TFQ members can work directly with ACS Heritage staff and clinicians to quickly add, update, test, and implement new rules and guidelines.

The following list presents a few of the topics addressed by the ACS Heritage Clinical Rules Engine:

- Proven patient hub model – covers data from 20 states and commercial entities
- 87 Million covered lives
- 1.4 billion drug claims
- 1.5 billion Medical/Facility claims
- Clinical rules run real-time with sub-second response times
- Clinical rules engine addresses 40 medical conditions and all prescription drugs, plus over 7,000 client-specific clinical and economic rules
- Master Patient Index across administrative/clinical data

ACS Heritage Clinical Rules Engine		
• Migraine • Atypical Antipsychotic COC • Atypical Antipsychotic optimal use • ADHD • Otitis media • Allergic rhinitis • Asthma • Beta blocker post MI • Brand to Generic • Compliance • Congestive heart failure • COPD • Coronary artery disease • Depression	• Benzodiazepines • Advair • NSAIDs • ACEI • Antibiotics • Anticonvulsants • Antidepressants • Antihistamines • Antiretroviral therapy • CCBs • Carisoprodol • Clopidogrel • Dose consolidation • H_2 antagonists • HMG-CoAs	• H_2 antagonists • NSAIDs • SSRI antidepressants • HMG-CoA reductase inhibitors • Proton pump inhibitors • ACE inhibitors • Non-sedating antihistamines • Hormone replacement therapy/osteoporosis • Hyperlipidemia • Hypertension JNC VI • Influenza vaccination • Insomnia • Migraine • Obesity

ACS Heritage Clinical Rules Engine		
• Diabetes • Falls in the elderly • GERD • Generalized anxiety • HEDIS • HIV/AIDS • Rheumatoid Arthritis	• Muscle relaxants • Gastro-Intestinal DUE • Drugs with abuse potential • Falls in the Elderly • Polypharmacy • Short-acting Opiate • Tablet splitting	• Pain Management • Peptic ulcer disease • Pysch meds in children • Osteoarthritis • Stroke • Smoking cessation

6. Approach to Privacy and Security Standards

RFP Reference: VII, page 28 and Q, page 46, bullet 6

Alabama places an emphasis on security and confidentiality of personal health information (PHI) and providing a safe and secure environment for all data, technology, and staff. Protecting the personal health information of individuals and securing all data, technology and staff is of the utmost importance to ACS Heritage. All security plans, policies, and procedures are continually evaluated and updated, as necessary. To this end, periodic physical security assessments at all ACS facilities are conducted as well as periodic assessments of our networks and systems. All security issues are tracked until final resolution.

Our commitment to ongoing staff training and to the assessment and updating of our security policies and procedures ensures that security of the systems and all affiliated staff and facilities is always a top priority. In addition, we employ numerous measures to prevent damage or data loss as the result of a disaster. Should a disaster occur, however, we provide backup equipment, network connectivity, and alternative processing and operational sites to ensure continuity of operations.

The overriding goal of our approach ensures:

- **Confidentiality—**The right person has the right access to the right data
- **Integrity—**Confidential data is used for the appropriate purpose
- **Accountability—**Actions are traceable to the individual who accessed the data

ACS Heritage fully understands the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and will work with the State of Alabama to develop privacy and security standards specifically tailored to our proposed ALAHIE solution. We provide multiple layers of external and internal security that provide administrative, physical, and technical means to protect sensitive or confidential data.

The following table contains our response to ALMA's RFP requirements.

Standard and Section	Implementation Specification	Vendor Response
Administrative Safeguards		
Security Management Process (164.308(a)(1))	Risk Analysis	The privacy and security plan provides for annual information technology security and vulnerability assessments to mitigate risk to system components, interfaces, and network schema. These components are identified early in the Design, Development, and Implementation phase of the project.
	Risk Management	Our approach to Risk Management includes the following: Comprehensive new hire and ongoing privacy and security training; ongoing security compliance monitoring of operational processes and workflows; annual security risk assessments at all ACS processing sites; semiannual security self-inspections by on-site privacy/security coordinators for all client sites; controlling access to system resources based on unique user IDs tied to role-based security rights; monitoring security patches released by operating system vendors to ensure vulnerabilities are removed as soon as possible; encrypting all laptops; employing Network Intrusion Detection System (NIDS) to monitor the network; monitoring administrative activity logs; maintaining audit trails of modifications to system data; conducting monthly vulnerability scans of our local networks to identify security risks; and protecting all segments of the ACS network, whether LAN or WAN, using firewalls

Standard and Section	Implementation Specification	Vendor Response
	Sanction Policy	ACS Heritage possesses strict policies and procedures for handling any violation of the HIPAA privacy and security policies and adheres to them. ACS Heritage staff is asked to immediately report any and all violations of HIPAA privacy and security.
	Information System Activity Review	The Infrastructure Staff routinely monitors system and network activity that may be in violations of the HIPAA Privacy or Security Acts.
Assigned Security Responsibility (164.308(a)(2))		As a part of our approach to security administration and management, we follow standard policies and procedures to identify and respond to suspected or actual security incidents. Once a security event has been identified, we immediately convene all appropriate personnel relevant to the event. Our security incident response personnel always include the Project Manager, local ACS Heritage and State management, and appropriate technical staff.
Workforce Security (164.308(a)(3))	Authorization and/or Supervision	Our security program also includes comprehensive physical safeguards for protecting our facilities and the staff and data they house through sophisticated monitoring systems, audited and monitored proximity access controls, strict visitor control procedures, and environmental monitoring systems. We also maintain a proven and fully tested disaster recovery and business continuity plan that provides continuation of operational service delivery and system reconstruction in the event of a disaster.
	Workforce Clearance Procedure	All ACS Heritage staff are subject to background screenings at the time of hire and may undergo additional checking should it become necessary.
	Termination Procedures	When ACS Heritage employees are terminated, whether voluntarily or involuntarily, we revoke their access to all systems by the end of their last business day. In the case of terminated State employees, authorized ALMA security administrators can revoke system access in accordance with State policy.
Information Access Management (164.308(a)(4))	Isolating Health Care Clearinghouse Function	Data related to supporting the Alabama initiative will be on its own domain and only required personnel and servers will have access to this data during the development and test process.
	Access Authorization	Access to the system is granted through a unique ID and user profile, combined with a strong password. The user profile controls or restricts access to specific applications or functions (such as inquiry or update) depending upon the user or group role. Any transaction or change to data is tracked down to the user ID level. Each user has a profile within the security subsystem that controls or restricts access to specified applications and specified functions (inquiry or update) within each application
	Access Establishment and Modification	Microsoft Active Directory and Security Services provide online security and Single Sign On (SSO) management. Information required to authenticate user signons and restrict systems use to a specific, valid logon ID or to a specific workstation address based upon account information, privileges, and profile are maintained in the Sequel Server database registry.
Security Awareness and Training (164.308(a)(5))	Security Reminders	To ensure continual security awareness, we conduct ongoing security and privacy initiatives and training in the form of monthly security newsletters and email “security tips” reminders to all employees in addition to formal initial and annual refresher training. We also place security awareness posters within project facilities to further reinforce project privacy and security policies and procedures. These posters are changed periodically so employees do not become immune to the messages, but rather come to expect—and look for—new messages concerning privacy and security.

Standard and Section	Implementation Specification	Vendor Response
	Protection from Malicious Software	We provide numerous protective measures against unauthorized intrusion, viruses, worms, Trojans, or other malicious agents for hardware and software maintained by our data centers. We use AntiGen security software to provide antivirus protection on our Microsoft Exchange mail servers. In addition, McAfee security software is installed on all desktops. Antivirus updates are transmitted to desktops regularly via our McAfee ePolicy server. All non-essential services and unused ports are closed on servers to prevent access from unauthorized external sources.
	Log-in Monitoring	Each user has a unique user ID and user profile combined with a strong password. The user ID is frozen if the correct security information is not entered within a set number of access attempts
	Password Management	Each user's password expires after a set number of days based on a staggered schedule. Authorized ALMA or ACS Heritage personnel, including authorized members of our systems support staff, can change passwords at any time
Security Incident Procedures (164.308(a)(6))	Response and Reporting	We maintain security policies and procedures for each location or account. We provide HIPAA privacy and security training to all new hires; all employees must complete annual refresher training. Security personnel routinely review logs of system activity and report any suspicious activity. Employees are required to report any suspected breach of our security and privacy policies.
Contingency Plan (164.308(a)(7))	Data Backup Plan	Data backup and offsite storage procedures are necessary to ensure that an alternative source of computer data is available for processing in the event that any primary data should be lost or destroyed. We perform both incremental and full backups of the software and data for the project. We store these backups in both our Pittsburgh Data Center Library and at our secure offsite storage facility. In the case of any short-term disruption, we can quickly restore data or systems using the latest full or incremental backups. ACS' offsite storage facility in Moon Township, Pennsylvania, is located approximately 10 miles from the Pittsburgh Data Center. This vault facility is environmentally controlled and protected by a sophisticated fire prevention system. Security cameras record access into the storage facility. These cameras are connected to the data center, where security guards review the monitors at all times. ACS employees use ACS vehicles to transfer backup tapes to the off-site storage vault.
	Disaster Recovery Plan	Alabama is responsible for the production of a disaster recovery plan since the system is to be hosted on State servers in the State's data center. We will be happy to assist the State with the creation of its production disaster recovery plan. Overall for the purpose of supporting the development of the applications, our Disaster Plan clearly defines the equipment, software, functions, and operational procedures that are critical at each location. The plan addresses backup and recovery of each critical item, as well as various types of potential interruptions at the sites involved directly or indirectly in operations for Alabama applications. The plan also addresses the elements of the system for which recovery may be required, such as hardware, software, telecommunications, production data files, and system documentation. Our plan is tested annually and updated throughout the life of the contract to reflect changes in policy, procedure, or equipment and is available for review by ALMA upon request. In the event of a service disruption, we assess the impact of the occurrence and follow the appropriate plan. Our procedures define four levels of disaster, and our employees are trained carefully in the recovery actions needed to handle each one. Once ACS Heritage and ALMA decide that the impact level is critical, the Disaster Plan is executed.

Standard and Section	Implementation Specification	Vendor Response
	Emergency Mode Operation Plan	The State will be responsible for handling the emergency mode of operations after production initiation. During development and UAT, ACS will operate the system at the ACS Pittsburgh Data Center in Pittsburgh, Pennsylvania. In the case of a major disaster at our Pittsburgh facility, we have immediate access to a backup computer facility in our ACS Data Center in Richmond, Virginia. Access to the Data Center is controlled by a magnetic lock system and is monitored and logged electronically. The data center includes support for systems software, hardware, and telecommunications ,and it contains power and air conditioning backups.
	Testing and Revision Procedure	ACS performs routine testing of its emergency and contingency plans. We generally do this only with our production support systems, but have the ability to do so with development systems as well. Should a testing or development application require a rebuild, the system is fully tested afterwards to ensure the success of the update.
	Applications and Data Criticality Analysis	We classify our environments according to the data and operational critical level and bring the most important data and applications back online first in the event of a disaster.
Evaluation (164.308(a)(8))		We perform routine review and analysis of its compliance with the HIPAA privacy and security regulations and makes changes accordingly.
Business Associate Contracts and Other Arrangement (164.308(b)(1))	Written Contract or Other Arrangement for subcontractors and agents	ACS subcontractors are required to sign an "ACS Business Associate Agreement" that defines their privacy and security obligations and requirements under the Alabama Health Information Exchange project contract. Our Privacy Assessments ensure the local project staff maintains current copies of these agreements and the periodic Safety and Physical Security Risk Assessments ensure the site and all workers execute the security discipline required to maintain compliance with the HIPAA Security Rule.
Physical Safeguards		
Facility Access Controls (164.310(a)(1))	Contingency Operations	In the event of a disaster at any of our remote sites, ACS staff has the ability to log in remotely and work on the application from their homes or other ACS sites. Calls related to Help Desk issues can be picked up by voicemail or routed to an individual user phone number if necessary. ACS Heritage will not be supporting the hardware for the production operation of this application. This will be done by the State.
	Facility Security Plan	All ACS operations and processing centers conform to ACS Physical Security Policy and ACS Information Technology (IT) Security Policy, which variously address the technical, administrative, and physical safeguards for protecting staff, data, and facilities for all ACS operations and processing locations. These policies are established and maintained by the Director, Safety and Security and Chief Information Security Officer, respectively. The Director, Safety and Security verifies ongoing compliance with physical security through periodic on-site risk assessments at all ACS leased/owned facilities, produces a findings report for each visit, and tracks compliance. Our Director of IT Security and security staff conduct monthly vulnerability scans of our local networks, identify security risks, and coordinate with local IT staff to correct any deficiencies. Alabama project staff will conduct routine audits of physical and logical accesses to ensure only approved employees retain access to the facility and computer systems. Security plans apply both to primary and backup work sites.
	Access Control and Validation Procedures	Each user has a profile within the security subsystem that controls or restricts access to specified applications and specified functions (inquiry or update) within each application
	Maintenance Records	ACS documents all maintenance activities associated with the security of its services and applications.

Standard and Section	Implementation Specification	Vendor Response
Workstation Use (164.310(b))		Each user is assigned a unique user logon ID tied to a role-based security profile. Online security authenticates each user and restricts systems use to a specific valid logon ID or to a specific workstation address, forcing a user with a valid ID and password to use a specific terminal or set of terminals.
Workstation Security (164.310(c))		Each user is assigned a role-based security profile and a unique user logon ID. The user's profile controls or restricts access to specified applications and specified functions (inquiry or update) within each application. Microsoft Active Directory and Security Services provide online security and Single Sign On (SSO) management. Information required to authenticate user signons and restrict systems use to a specific, valid logon ID or to a specific workstation address based upon account information, privileges, and profile are maintained in the Sequel Server database registry. ACS engages password protected screen savers on all workstations after a five minute period of inactivity.
Device and Media Controls (164.310(d)(1))	Disposal	Reports and documents that contain sensitive or proprietary data are stored in a secure area and multiple firewalls protect data stored on the network. Our Clean Desk, End of Day Procedures, Fax Machine Acceptable Use, and Transporting Sensitive Information procedures, among others, all protect sensitive data from unauthorized access. Once slated for destruction, documents are secured in a locked bin and destroyed by a shredding vendor.
	Media Re-use	After production, we will remove or wipe clean any databases or other data storage mechanisms on any physical hardware that is used for the development of the ALAHIE solution. No user who is no longer supporting the Alabama site will have access to the State's data.
	Accountability	Audit trails of all transactions are maintained, allowing the system to produce management reports displaying usage patterns as well as attempted security violations. Review of these reports helps not only to prevent accidental loss of system files, but also to detect intentional misuse. Any change to a software module or subsystem can be identified and tracked to the individual who made the change
	Data Backup and Storage	Data backup and offsite storage procedures are necessary to ensure that an alternative source of computer data is available for processing in the event that any primary data should be lost or destroyed. We perform both incremental and full backups of the software and data for the project. We store these backups in both our Pittsburgh Data Center Library and at our secure offsite storage facility. In the case of any short-term disruption, we can quickly restore data or systems using the latest full or incremental backups. Our offsite storage facility in Moon Township, Pennsylvania, is located approximately 10 miles from the Pittsburgh Data Center. This vault facility is environmentally controlled and protected by a sophisticated fire prevention system. Security cameras record access into the storage facility. These cameras are connected to the data center, where security guards review the monitors at all times. ACS employees use ACS vehicles to transfer backup tapes to the off-site storage vault.
Technical Safeguards		
Access Control (164.312(a)(1))	Unique User Identification	Access to the system is granted through the use of a unique user ID and user profile, combined with a strong password. The user profile controls or restricts access to specific applications of functions (such as inquiry or update) depending upon the user or group role. Any transaction or change to data is tracked down to the user ID level.
	Emergency Access Procedure	For each ALMA account, protocols will be in place that security administrators follow for emergency access to a user account when the account holder is not available. These include designating primary and

Standard and Section	Implementation Specification	Vendor Response
		backup security and technical personnel to perform emergency access. The security management function allows only those designated users with security profiles that allow them to modify or override edits and audits or to alter system functionality to perform these actions.
	Automatic Logoff	Our system has automated time-outs. Users are also automatically logged off the system if no activity occurs within a designated period of time. ALMA will designate this time period, which we acknowledge may vary by function.
	Encryption and Decryption	The CyberAccess site ensures sensitive data being transmitted over the public Internet cannot be intercepted and viewed by unauthorized parties. The portal requires all users to access data using a Web browser with 128-bit encryption and Secure Socket Layer version 3.0. Both 128-bit encryption and SSL 3.0 are the strongest commercially available privacy technologies. The Electronic Data Sharing Gateway implements authentication and data encryption services for data integrity of batch files. Data is further protected via the use of multiple firewalls, secure FTP transfer, and a Network Intrusion Detection System (NIDS).
Audit Controls (164.312(b))		The system contains audit trails allowing users to track a source document from the point of receipt by ACS through final processing and to trace data from the final place of recording back to its source document. These audit trails are maintained according to State and federal requirements. Audit trails are supported by listings, transaction reports, update reports, transaction logs, and error logs.
Integrity (164.312(c)(1))	Mechanism to Authenticate Electronic Protected Health Information	We automatically classify Protected Health Information (PHI) contained in the Designated Record Set as confidential. Requests for access to a recipient's PHI requires a consent or authorization prior to any release. Generally, we follow the guidance of our corporate Health Data Privacy Policy with respect to access, use, disclosure, processing, and storage of health data.
Person or Entity Authentication (164.312(d))		Our ALAHIE solution will use CyberAccess role-based security, unique identification and windows directory services, providing a comprehensive solution for managing identity profiles and permissions for all users of the system. Role-based authentication limits user access to only that data and those functions for which they are approved. 128-bit SSL encryption prevents hackers from "sniffing" the data in transit. Firewalls prevent unauthorized access to the Web servers, and the system's distributed architecture imposes more firewall constraints on access to the application servers and database servers.
Transmission Security (164.312(e)(1))	Integrity Controls	As part of our standard security procedure, we use numerous controls to protect data integrity and to provide effective audit trails. We track attempts to login to the system, whether successful or unsuccessful. We maintain logs of activity within applications and create an online audit trail. We also retain network intrusion logs, which detail unauthorized users' attempts to access our Wide Area Network. Upon the discovery of a security event, these logs are used to locate the source of the intrusion and to resolve security issues. Logs of information system activity are reviewed and scrutinized by our security team to detect aberrant patterns and to support appropriate actions or sanctions that may be needed.
	Encryption	Data is accepted from our clients using various data layouts. A fixed length or pipe-delimited text file is the preferred data format, although ACS is willing to work with vendors on other formats. An encrypted file is sent by the client's vendor via FTP transfer. The firewall permits authorized users to place data on the FTP server. Upon receipt, a data analyst reviews client's data and compares the file to the client's proposed layout. Any discrepancies are reviewed with the client and resolved.

7. Documentation, Training and Pilot

RFP Reference: VII, page 31 and Q, page 46, bullet 7

The success of the Together for Quality (TFQ) initiative depends on more than implementing technology; the individuals using the technology must be sufficiently trained on how to use the system effectively and to have up-to-date documentation available to them that clearly describes the solution.

Over the last several years, the ACS Heritage team has trained and provided documentation for thousands of end-users in support of projects similar to this project, including the DHHS and ECST pilots. The scope of our ALAHIE solution requires a thorough step-by-step process for developing user skills and enhancing staff technical expertise to the level of the technology. We designed our training program and documentation taking this vital factor, as well as the ambitious project schedule fully into account.

7.A System Documentation

This task will focus on developing system documentation, developing operating procedures, and planning and scheduling stakeholder training. To provide adequate technical documentation and training, the following activities will be required:

- Create complete system documentation, including all hardware, software, database, and infrastructural components and impacts;
- Develop operating procedures;
- Provide system-specific training to staff.

Documentation is often the most visible indication of the contractor's quality of service. ACS Heritage is well versed in developing system, operations, user, and other documentation that is clear, correct, and thorough, and we always commit to providing up-to-date, accurate documentation for the life of the contract. ACS Heritage will coordinate and work in concert with the Agency and stakeholders to create, maintain, and review documentation that meets or exceeds the RFP requirements. In addition, we will follow Agency-defined criteria to develop, maintain, and update all documentation used to support business functions.

Create Complete System Documentation (all hardware, software, database, and infrastructural components and impacts)

ACS Heritage will maintain the following ALAHIE documents:

- Detailed design documentation, desk procedure manuals, operations manuals, user manuals, software development manuals, disaster recovery manuals, system transition plans and computer program manuals

System documentation will include, but will not be limited to:

- All reference files, all business rules, all history files, all relational tables and auxiliary processing tables and all other files necessary to operate the system

ACS Heritage will work with the Agency to identify any other documentation required to ensure the success of the TFQ initiative.

Develop Operating Procedures

ACS Heritage provides experienced documentation and publication specialists with proven documentation design and development expertise to ensure high quality and easily understood technical presentations and writings. Our documentation development and update process includes a highly rigorous structured internal quality review and approval of all documentation prior to submission to the Agency for review. We make any

corrections to the documentation based on the Agency's review. We then submit the revised documentation to the Agency for review and approval. Once approved, we perform a final quality control check prior to distribution. We deploy documentation electronically, which ensures that users have access to the updated documentation in a substantially shorter period of time.

ACS Heritage will establish a Web-based Alabama Project Repository using Microsoft's SharePoint services for document management through the life of the contract. Authorized users will have secure, online access to accurate up-to-date project and program information and documentation from their desktops.

The automated documentation tracking and management functions will provide:

- An easy-to-use mechanism for tracking and reporting on documentation status and updates
- Browse-and-search capabilities allowing users to quickly locate specific information
- Integration with Microsoft Office and document collaboration
- Document check-in/check-out with version control
- Browser-related display features that support an effective, managed, and timely review of documentation
- Email notifications for updates to documentation
- Role-based security administration
- Printable versions of documentation

ACS' formal change control process is the key to maintaining systems and user documentation. We use proven project management practices to identify errors, to make accurate and timely updates, to track changes, to schedule walk-throughs and approvals, and to notify users of updates. We also review changes with the user groups that rely on the documentation to utilize the system. Additionally, reviewing existing documents is a regular part of our change control process. Over time, as TFQ goals and priorities are modified, policies and procedures must reflect these changes. ACS Heritage will work with the Agency to establish the timeline in which changes will be documented and in a format agreed to by the Agency.

The actual document file, tracked through our SharePoint Master Project Repository, will provide 24/7/365 online access to documentation. The Repository portal offers quick links to documentation status, with an easy-to-use drill-down feature to access reports on documentation and updates. Users can open the most current version of the submitted document and review the changes made.

Provide System-Specific Training to Staff

ACS Heritage has a separate model-office training environment that is used for training both end-users and state management and systems staff. As in the production environment, access is limited by security role and all data used in training modules is de-identified.

There are several system-specific training approaches that ACS Heritage will use in transferring knowledge to the State depending on State management's and information technology professionals' requirements. One level presents basic information on system architecture, interfaces, manuals, etc. and walks Agency management and information technology staff through various system functions. In addition, ACS Heritage will provide an in-depth technical review and training session for network administrators, data center operators, and analysts and coders. Training will address interface components, Web services and design features, data transfers and interfaces with systems internal and external to the State, etc. This will ensure that State managers and information technology professionals gain a full understanding of the system's architectural structure, interfaces, as well as system security to protect against unauthorized use of PHI and to protect the State from external attacks to the system.

7.B Training

This task will focus on developing detailed plans, documentation, procedures, and presentation materials for conducting training on the system. Specifically, the following activities will be completed:

- Define training goals and requirements based on the various end-users of the project
- Define training timelines;
- Create hands-on training materials;
- Create self-directed, computer-based training curriculum/modules which will be available via internet;
- Schedule training, including scheduling of venues;
- Conduct training

The success of our ALAHIE solution depends on the extent to which the various end-users actually use the system. This is largely dependent on several factors including: how easy the tool is to use, the extent to which it improves the process, efficiency and the outcomes of care delivery, its clinical and administrative features and the integration of the tool with the end-user's day-to-day workflow. However, unless the end-users are thoroughly trained on the system and committed to its use, regardless of its many features and functions, it will be ineffectual.

ACS Heritage prides itself on its approach to training, re-training and supporting the end-users of our electronic health record product suite. In fact, in each of our implementations, ACS Heritage has found that on-going, recurring, and supported training is the cornerstone to the success of the program. In Missouri, the state contracted with ACS Heritage to provide a cadre of field representatives to supply providers with both in-office and over-the-phone training and support. We believe this is a primary reason for the program's high adoption rate. To date, our staff has trained and successfully enrolled over 3,600 providers into the CyberAccess system, and we continue to provide additional trainings each week to expand CyberAccess usage in the Missouri provider community. Training focuses on how to use the system, how to operate the screens, and how to use the system to identify care management issues for patients. As in Alabama, Missouri Medicaid initially focused on training a group of targeted providers – those with this highest percentage of Medicaid patients – on the system. Similarly, in Pennsylvania, for which ACS Heritage recently implemented its CyberAccess solution among the Medicaid program's various care managers, training has been the key element to the successful adoption of the program.

Define Training Goals and Requirements to Meet End User Needs

As stated above, the primary goal of the training program will be to ensure full adoption and the utilization of the tool by end-users; training will be provided as a means to this end. ACS Heritage will work very closely with the Agency, stakeholders, associations and other identified organizations to carefully develop end user training based on the needs of targeted provider and state staff. Within this primary goal, ACS Heritage will ensure that training is provided at times and places convenient for staff and providers, and we will ensure that the training takes various knowledge levels, connectivity and software issues into consideration

ACS Heritage will also work with the Agency to construct a survey instrument to identify training needs – if additional information is required beyond what the Agency has already collected. In addition, ACS Heritage will interview Agency-identified providers, State staff, and organizations to develop a clear picture of the type and extent of training needed.

Define Training Timelines, Create Hands-on Training Materials, Create Self-Directed, Computer-Based Training Curriculum/Modules with Internet Availability, Schedule Training and Venues, Conduct Training

ACS' approach will take into account both Pilots and the condensed time-frame allowed for implementation. To meet the contracted time-frame, ACS Heritage will provide self-directed, computer-based training modules and manuals, available via the internet for targeted providers and HHS staff. Training will focus on how to use the system, how to operate the screens, and how to use the system to improve the outcomes and

the delivery of care. Training will be provided in groups, on a one-to-one basis, in-person, and via phone with both web-based training tools and paper documents, depending on the need.

ACS' proposed training includes the following elements:

- Develop a training curricula for both pilots and identify the appropriate prerequisite order for learning
- Develop hard- and soft-copy training materials to include training guides, quick references, and interactive computer-based training (CBT) simulations
- Create and maintain a dedicated electronic training environment to support train-the-trainer and end user training that is populated as needed with production-similar training data
- Develop a detailed logistics plan to deliver training centrally as well as locally
- Create, deliver, and analyze knowledge checks and surveys for each training session to measure knowledge transfer, identify subject areas where users may benefit from additional training, and identify areas to improve the training experience

Specifically, ACS Heritage will:

- Attend stakeholder and other meetings that provide the opportunity to present and discuss the project objectives, goals, schedules, milestones, and key tasks.
- Work with ALMA and stakeholders to select providers for participation based upon criteria established by ALMA and stakeholders, such as Medicaid participation, practice location, and affiliation with federally qualified health clinics (FQHCs) or rural health clinics (RHCs).
- Provide all training materials and other outreach information regarding the TFQ initiative for approval prior to dissemination for both HHS and provider training.
- Lead provider and HHS group training sessions and train-the-trainer sessions to provide the appropriate outreach and communication with each participating user on all aspects of the system.
- Schedule the venues for training.
- Provide a dedicated toll-free help desk available for assistance during the CST hours of 8:00 a.m. to 7:00 p.m. Monday through Friday.
- Offer computer based training and self-directed computer based training to support implementation and post-implementation training on new features, and to support those providers and HHS staff that miss scheduled training sessions.
- Respond to any suggestions or approaches which the Agency and stakeholders believe will be successful to ensure maximum use of the tool by providers and State staff.

Timeline

As indicated in the RFP, intensive end user training will take place during February 2008. However, we anticipate that continuous training and retraining will be required throughout the length of the project as indicated above. During the February period, ACS Heritage will provide group, train-the-trainer, individual and web-based training at venues and times determined in conjunction with the Agency and stakeholders. Prior to February 2008, ACS Heritage will work with the Agency and stakeholders to identify other venues, such as, association meetings, HHS staff meetings, local Medical Association meetings, etc. where ACS, the Agency ,and stakeholders will present information on the initiative and its benefits.

7.C User manual and Online Help

The vendor will be responsible for a user manual and developing online help features.

- Create/modify a user manual designed to guide end-users step-by-step. The manual must also include navigation instructions, menu selections, error messages, and detailed instructions on how to perform system tasks;
- Create/modify online help.

As with training materials and curriculum, user manuals and desktop help features must be comprehensive and simple to understand.

Create/Modify a User Manual designed to Guide End-Users step-by-Step; Include Navigational Instructions, Menu Selections, Error Messages, and Detailed Instructions on how to Perform System Tasks

ACS Heritage will provide a user and desk procedure, operations, and disaster recovery manuals which will be customized as needed for both Pilot environments. User documents will be developed, updated and maintained as described in Systems Documentation 7.A above.

On-Line Help

ACS Heritage provides extensive online help which is discussed in 7.D, Establish Help Desk, below.

7.D Establish Help Desk

Vendor will be responsible for providing a toll-free help desk and end user support service beginning with the initiation of the Pilot Test through the end of the transition period. The responsibility for the operation of the help desk remains with the Vendor until formal handover at the conclusion of the project. The help desk shall be available for Medicaid, the HIS end-user as well as the designated HHS Agency. Core hours for the help desk will be 7:00 am to &:00 pm CDT/CST. The following activities will be required:

- Define and document help desk processes and procedures;
- Staff the help desk to meet the support needs of users during pilot and transition;
- Operate and manage help desk operations during pilot and transition;
- Establish acceptable response time to problems reported;
- Weekly reporting of response times, problems encountered and solutions.

The help desk will be responsible for documenting user problems, providing assistance where possible, and referring outstand problems to the infrastructure support team, the application development team, or other resource required to resolve the user's problem. The help desk will be responsible for monitoring the resolution of problems and escalating problems that are not being addressed in a timely manner. The help desk will contact the reporting user before closing any problem report.

Help Desk Processes and Procedures

ACS is the only operator of health care call centers, including help desks, that is recognized as a PaceSetter by the Call Center Industry Advisory Council (CIAC), an independent and industry-sanctioned organization. The PaceSetter certification distinguishes ACS as the global leader in health care call center operations. We will work closely with the Agency to finalize the exact processes and procedures needed to ensure high-level use and operation of the tool by both Sate level and provider-based users. ACS Heritage's approach to providing help desk support services for the Agency is based on our proven methods and a record of success in implementing and operating similar support services for health care clients nationwide. The help desk approach results in calls being effectively routed to the most appropriate and available specialist, thus minimizing wait times.

The help desk specialists adhere to established operational procedures that have proven successful in a wide variety of customer service environments. When an inquiry is received, the appropriate support services specialist discusses the nature of the problem with the caller and collects all necessary information and works to facilitate the timely resolution of the issue in a courteous and efficient manner.

If an inquiry cannot be addressed immediately, the help desk specialist takes down the inquirer's contact information, retrieves the information necessary to answer the inquiry, and responds to the inquiry on the

same or the next business day as the inquiry was received. If for some reason, the issue can only be resolved by the Agency, the help desk immediately notifies the appropriate Agency contact. Upon the discovery of any technical issues when researching problems reported to the help desk, ACS Heritage reports such technical issues to the Agency and acts immediately to resolve the technical issue.

Staff the Help Desk to Meet the Support Need of Users during Pilot and Transition

ACS Heritage will provide system support and technical assistance within the stated timeframes. Based on the severity level assigned to the issue, it will be referred to particular ACS, or Agency staff, as appropriate. ACS Heritage will use an online tracking system to monitor all needed system issues and changes. We will use Sharepoint and ClearQuest to track issues and changes. ClearQuest is a proven, Web-enabled project management tool that assists ACS Heritage in tracking issues and changes from the initial identification to final resolution and includes historical archiving.

Operate and Manage Help Desk Operations during the Pilot and Transition

The Help Desk to support TFQ functions will be available toll-free during the core hours of 7:00am to 7:00 pm CDT/CST as required by the RFP and will be available for end user support beginning, no later than, with the initiation of training for the Pilot Test, in February 2008, and through the end of the contract and formal transition period.

The Help Desk will respond to problems and questions submitted either electronically or via telephone. Alerts, questions, problems, and comments can be generated electronically from DHHS and provider end-users in real time via their respective Web portals. Audit trails are maintained for all transactions submitted to and from the provider or staff to the Help Desk. All calls, including the reason for the call, the disposition of the call, and related referrals, are documented. ACS Heritage will supply an application specialist that can respond to help desk queries during normal business hours. The application specialist is available via beeper during non-business hours for emergency issues.

Help Desk Response Time

ACS Heritage proposes to respond to all requests for information or assistance on the same or next business day from the date of receipt of the request or question. The severity of issues is rated, prioritized appropriately for resolution and escalated to the appropriate person, if needed. Again, the processes and procedures will be refined with the Agency.

Weekly Reporting of Response Times, Problems Encountered and Solutions

ACS Heritage will provide weekly reports of response times, problems encountered and related solutions. The Help Desk will generate reports of response times via a fully integrated ticket-tracking application to allow the TFQ Project to track all issues including: questions, requests, complaints, or other informational requests through resolution. ACS Heritage uses a third party COTS issues tracking system (FogBugz®) to log user requests and the resulting help desk response. This product generates reports as described above with information on the number of end-users who access the website, type of information accessed and/or downloaded from the web site, as well as any other information deemed appropriate by the Agency.

7.E Pilot Test of ECST

This task will focus on coordinating, planning and implementing the pilot test plan of the HIS including the ECST. This process will involve the following subtasks;

- In collaboration with the Agency, further define pilot end-users including electronic capability;
- Pilot training including adoption levels as specified by the Agency;
- Implement pilot information and access management as set out in section VII;
- Execution of "pilot agreements" as designed by the Agency"
- In collaboration with the Agency, define performance and problem resolution guidelines (based on problem severity) to be used during pilot testing;
- Monitor performance and identify problems;
- Evaluate system reliability and performance;
- Modify the system to address problems discovered during the pilot;
- Acceptance of product by end-users.

The Agency will provide the vendor an initial listing of pilot sites as well as their existing capability and the end user goals under this project. For example, if a pilot site currently only has fax capability, the goal may be to move them into a tablet based environment. Managing issues identified during the pilot will be important and a process should be established during this subtask. Vendor is responsible for reaching the adoption levels within the pilot test as specified by the Agency.

Problems encountered during the pilot test must be identified and resolved within predefined guidelines.

Collaboratively Define Pilot End-users

ACS Heritage will work in collaboration with ALMA and TFQ stakeholders to further define pilot end-users, as requested, including electronic capability and other criteria such as location, practice type, number and percent of Medicaid patients and receptivity to inclusion in the pilot. ACS Heritage suggests that two key elements for selection are the percent of Medicaid patients and receptivity to the pilot. ACS Heritage has had experience with several states in selecting target providers and has learned through experience not only how to target and which providers to target, but also, how to approach the targeted providers.

To expand the provider pool under consideration for targeting, ACS Heritage will provide the option for providers to access components and functions of the system from a mobile tablet PC. This not only will expand the pool of potential pilot providers and allow providers who use mobile tablet PCs and wireless PCs within their practice to access CyberAccess at the point of care. It also will allow providers, while the patient is in the office, to review claims history, perform prior authorizations, e-prescribe, and change their care plan based either on the history and/or PA results presented in CyberAccess.

Pilot Training and Adoption Levels

ACS Heritage will work with the Agency to design a training program, as discussed in 7.B above that ensures high adoption levels. ACS Heritage has extensive experience in several other states in both designing and providing training for targeted providers and has continuously gained an understanding of the appropriate types, venues ,and targets for training. In certain offices, for example, the office manager or nurse assistant becomes the training target and end-user of the system. ACS Heritage commits to the adoption level established by the Agency and requests that provider receptivity to using the system be considered when targets are set.

Pilot Information and Access Management Implementation

As addressed in RFP Section VII, Privacy and Security, Security Awareness and Training, we will ensure continual security awareness. We will ensure security awareness both by conducting ongoing security and privacy initiatives and by providing training in the form of monthly security newsletters and email "security tip" reminders to all ECST pilot providers. We will also provide both formal initial and annual refresher training. If desired, we are also able to place security awareness posters within offices to reinforce project privacy and security policies and procedures. These posters are changed periodically so that users do not become immune to the messages, but rather come to expect—and look for—new messages.

Execution of "Pilot" Agreements

We will work cooperatively with the Agency, stakeholders, provider associations and other appropriate groups to ensure the execution of "pilot agreements" by targeted providers. ACS Heritage will work with the Agency, stakeholders and providers and other associations to determine the most effective ways to gain provider adoption of the program via execution of "pilot agreements." In addition, the Agency may want to consider the use of other incentives to encourage participation similar to pay-for-participation incentives used in other programs. ACS Heritage acknowledges its responsibility for reaching the adoption rate as determined by the Agency.

Performance and Problem Resolution Guidelines (Based on Severity) during Pilot Testing

ACS Heritage has worked with many state Agencies to design systems in which performance problems, concerns and issues are identified, documented and categorized relative to severity level. Based on the criteria developed in conjunction with the Agency, ACS Heritage will assign each item with a severity level. Based on assigned severity level, a response time or action will be determined as established by ACS Heritage in conjunction with the Agency. All reported items will be documented and tracked through resolution and maintained electronically and made available to the Agency for audit and review.

Monitor Performance and Identify Problems, Evaluate System Reliability and Performance, Modify the System to address Problems Discovered during the Pilot

ACS Heritage will continuously monitor performance and identify problems as they occur.

There are several methods that ACS Heritage will use to monitor performance and to identify problems as they occur. First, CyberAccess generates reports with information, such as, number of end-users who access the website, type of information accessed and or downloaded from the web site, as well as any other information deemed appropriate by the Agency. We have found this information to be very useful in targeting training and tool modification in other states. Second, ACS Heritage has system performance and monitoring software embedded in the application which identifies system performance issues and generates related reports. These two reports in addition to Help Desk inquiries discussed above will allow ACS Heritage to monitor performance and to identify problems.

ACS Heritage will monitor and evaluate system reliability and performance. Monitoring tools identify system issues and also alert help desk specialists to potential system issues that can be proactively handled. We will work with ALMA to determine the types of system issues that will be reported.

ACS Heritage has built user activity logs and traffic volume analysis into its system. These data are monitored via system logs and reviewed for failures to determine if application or architecture changes are required. Stress and volume testing occurs prior to go live to ensure that the application can support end-user volume.

ACS Heritage will modify the system to address any problem discovered during the pilot program to ensure both high-level operation and adoption of the tool.

Acceptance of Product by End-Users

ACS Heritage will monitor ECST acceptance of the product by end-users on a continuous basis via the CyberAccess application, which tracks and logs both how and how often the ECST is used by providers over time. This information not only allows the Agency to determine provider acceptance of the tool, but also provides information on what applications within the system are most frequently used. In this way, the

Agency and ACS Heritage will have valuable data relative to the providers requiring additional training and assistance and needed improvements in system functionality or ease of use.

7.F Pilot Test of HHS Interoperability

This task will focus on coordinating, planning and implementing the pilot test plan of the HHS Interoperability component. This process will involve the following subtasks:

- Pilot training including adoption levels as specified by the State;
- Implement pilot information and access management as set out in Section VII.

Pilot Training and Adoption Levels

ACS Heritage is enthusiastic about the HHS Interoperability Pilot as it provides great promise for improving coordination, increased efficiency, and improved economies among health and social service agencies. In addition, ACS Heritage was pleased to hear that the Division of Senior Services was the entity selected for the interoperability pilot, given the high cost and needs of the aging population and the call for improved coordination between Medicaid and Aging agencies nationally.

ACS Heritage will work with the Agency to design a training program, as discussed in 7.B above that ensures that staff within the Department of Senior Services has the knowledge and tools necessary to actively use the proposed system. ACS Heritage has provided both system design and training in many other states. This experience has provided us with a backlog of understanding on how to most effectively provide systems training to state staff. ACS Heritage will work with both the Agency and the Department of Senior Services to develop the training and approach to training.

ACS Heritage understands that Agency staff will participate in the Pilot program based on job function and that adoption levels will be impacted, not only, as a result of training and on-going assistance and support, but also based on the receptivity of the end user. In this regard, ACS Heritage requests that we be given every opportunity to work with Agency staff in designing the system and in developing user manuals and training materials. ACS Heritage commits to fulfilling Agency-established adoption levels.

Pilot Information and Access Management Implementation

To ensure continual security awareness, we conduct ongoing security and privacy initiatives and training in the form of monthly security newsletters and email "security tips" reminders to all employees in addition to formal initial and annual refresher training. We also place security awareness posters within project facilities to further reinforce project privacy and security policies and procedures. These posters are changed periodically so employees do not become immune to the messages, but rather come to expect—and look for—new messages concerning

7.G Transition Preparation

To coordinate and prepare for role transitions from vendor to state staff, several important activities must occur. This process will involve the following subtasks;

- Knowledge transfer from vendor to Medicaid staff, including scheduling training;
- Preparation of a transition plan detailing the roles and responsibilities for both State and Vendor staff.

In the event the ACS Heritage contract with the Agency is ended, ACS Heritage will propose to offer a perpetual license to the Agency (or future non-profit board, if established) that could be elected upon contract termination. This would enable the Agency to continue the ALAHIE after contract termination. ACS Heritage has included the cost of a perpetual license within the budget.

In the event of transition to another vendor or entity, ACS Heritage will establish a Transition Plan, which outlines the milestones, deliverables, and activities necessary to guide the Agency, ACS, and the successor contractor toward a seamless transition that benefits all program stakeholders.

Knowledge Transfer from Vendor to Medicaid Staff, Transition Plan Detailing the Roles and Responsibilities for both State and Vendor Staff

The transition plan documents schedules, deliverables, procedures, training, and turnover schedules for all transition activities. The plan is created by our transition team, under the direction of the Project Manager, along with input from the Agency.

The creation and delivery of the transition plan follows a three-step process. We submit an outline and proposed table of contents – those items to be addressed - for the plan. The Agency approves the plan or requests modifications. If modifications are needed, we incorporate those modifications and resubmit the outline for further review. Once the outline has met with final approval, we submit an initial draft of the Transition Plan to the Agency for a similar process of review and approval during transition planning. A final transition plan is then submitted for the Agency's review.

During each iteration of transition plan creation, we submit the plan—whether outline, draft, or final—to the Agency for its approval prior to proceeding to the next phase of deliverable creation. Walkthroughs are held as needed, and we incorporate any agreed-upon modifications into the plan before proceeding to the next iteration.

Once the Agency approves the Transition Plan, it serves as the guide for all staff with transition phase responsibilities, including staff training. We update and resubmit the plan as needed to reflect significant changes or updates to procedures, personnel, schedules, or other factors. Each subsequent submission reflects the most current information, due dates, and other relevant items.

8. Understanding of Implementation Schedule and Deliverables

RFP Reference: IX, page 34 and Q, page 46, bullet 8

Producing quality deliverables and tasks on time within the project schedule ensures a successful implementation.

In order to ensure the successful delivery of our innovative suite of proven solutions, we will dedicate a team of highly qualified, professional individuals with in-depth experience and recognized expertise in the major functional areas of this project. Our Project Manager, Shelly Stankiewicz, has extensive experience with system implementations and EDI exchange to direct and review the creation and delivery of the project plan and project deliverables.

This section of our proposal presents our Alabama Health Information Exchange (ALAHIE) Project Work Plan. This plan is designed to provide a detailed understanding of our proposed schedule for all activities required to perform an analysis of the data involved, the EDI interchange establishment, the ECST and ADSS user interface creation, and system testing and user acceptance.

At the beginning of the project, ACS Heritage and the Agency will finalize the Project Work Plan presented in ACS' proposal. It is important that ACS Heritage and the State work together during the early weeks of the project to review and establish the key activities in the Work Plan. We have developed our proposed Work Plan based on the dates, deliverables, and responsibilities outlined in the RFP. We realize the Project Work Plan was developed without interaction with the Agency. Therefore, one of the first steps in the project is to review the proposed Work Plans with the Agency and update them as necessary.

Assumptions and Constraints

In the following paragraphs, we identify the most significant assumptions made in developing our Project Work Plan:

- Where practical and to the extent RFP requirements are not violated, ACS Heritage has overlapped non-dependent tasks to expedite the schedule.
- The entire schedule is based upon the assumption that the Agency will require only one review cycle for each deliverable, and that resolving the Agency's comments in that cycle will result in approval.
- We developed the Project Work Plan assuming five workdays per week and eight work-hours per day. We assumed that no work would occur on weekends or holidays and that no overtime would be incurred. If a given activity falls behind, ACS has the option of either assigning more resources or permitting existing project personnel to work overtime in a given day, week, or other relevant time period.
- Resources indicated in this Work Plan do not include current State or provider staff.
- Our deliverable completion and review approach includes informal walkthroughs prior to the submission of the format, draft deliverable.

In the initial development of the Project Work Plan, ACS Heritage has taken these and many other considerations into account. We realize that our proposed Project Work Plan is a preliminary document that is subject to revision after the contract is signed. At that point, ACS finalizes the Project Work Plan for Agency approval and also uses it as a baseline for monitoring.

Required Information

Our Project Work Plan is developed and maintained in Microsoft Project. As indicated in the proposal, no task is greater than 80 hours. As discussed earlier, we will work with the Agency during the very early days of the project to further evolve and finalize the proposed project plan prior to beginning project work. During a series of project schedule meetings, the Agency's Project Management Team, other State stakeholders, and members of the ACS team will walk through the initial schedule at a high level to reach consensus on the overall plan. We believe that it is critical to have the right State staff present at these meetings so that we receive the feedback and input necessary to keep the project on schedule. Therefore, we will look to the Agency to provide staff that can make the decisions regarding the schedule and deliverables. At these meetings, we solicit feedback from the Agency to determine any new developments that must be taken into consideration, e.g., new requirements not known at the time of proposal submission. Based on the nature of new developments, we may need to evaluate them using our change management process.

Additionally, we ask Agency staff to identify any known time constraints that they may have, especially as it relates to conducting requirements definition meetings and deliverable reviews. The Agency will be responsible for providing the details needed to schedule Agency staff participation in requirements meetings, deliverable walkthroughs, and other tasks involving Agency resources.

Handling Potential and Actual Problems

ACS Heritage uses the Work Plan not only as one of its primary tools for communicating project status but also as the primary tool for managing project activity. As described above, the Work Plan contains the entire project scope: all activities that have to be completed are shown in the schedule. ACS's management philosophy is that a single document, showing all project activity, allows superior management control of both the schedule and the project scope. Experience has repeatedly proven to us that multiple activity control documents result in scope creep and schedule delays. A single project schedule expedites activity completion and provides high visibility of any anticipated delays and their impact on other project activities.

We use the critical path to determine the items on the schedule that require the most management attention. Our project management team continuously monitors items on the critical path and looks for ways to simplify, shorten, or expedite critical activities, as well as the network path itself. The project team is in constant communication with the Project Manager to ensure that there is no slippage and that obstacles to completion are removed as quickly as possible.

If it is determined that planned objectives (task, deliverable, or milestone due dates, for example) are not being met, management takes corrective actions(s) to keep the project on track. Corrective actions might include re-planning remaining work, reallocating resources, or taking measures to improve performance. Together, the Agency and ACS Heritage determine which actions are appropriate for identified deviations from the plan. The key to successful corrective action is collaboration. The State and ACS Heritage work together first, to mutually agree on the nature of the deviation and identify its exact cause, and then to develop a plan for implementing the appropriate corrective steps.

ACS follows a consistent process to maintain the Work Plan. This allows development staff to plan its activities accordingly and balances the need to maintain the Work Plan with the need to maintain the productivity of the development staff. For further information on Schedule Maintenance, please see Proposal Section 9, Project Management Plan.

Work Plan and Schedule

On the following pages, we provide our proposed ALAHIE Work Plan.

9. Project Management Plan

RFP Reference: X, page 38 and Q, page 46, bullet 9

To ensure the smooth administration of the TFQ Project, ACS Heritage applies its proven project management methodology (PMM).

Experienced project management combines an experienced team, proven operational processes, and diligent quality and risk management activities. ACS Heritage recognizes the importance of strong project management planning and execution for the TFQ Project, which involves the complex integration and presentation of several data sources and data types. At its core, our PMM is guided by the recognized knowledge areas of the Guide to the Project Management Body of Knowledge, Third Edition (PMBOK). With our PMM, we ensure that we deliver project requirements on time, within budget, and of the highest quality. Exhibit 9-1 provides an overview of our project management methodology.

ACS Heritage Project Management Methodology

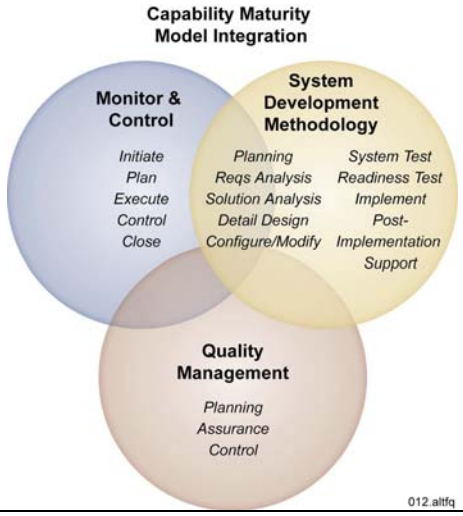

Exhibit 9-1. Our Project Methodology is composed of our PMM, quality management, and SDM and is derived from CMMI and PMBOK.

9.A Project Manager

Through all phases of the contract, ACS Heritage's project management approach focuses on performance excellence, communication, quality, and accountability. Our Project Manager, Shelly Stankiewicz, is accountable to ALMA for ensuring that ACS Heritage develops and implements our ALHIE solution in accordance with Agency requirements. Ms. Stankiewicz serves as the official ACS Heritage lead for each phase of the TFQ Project. With seven years of IT project management experience, she has led several new system implementation projects and training programs and is familiar with planning for client transitions. Ms Stankiewicz's resume is included at the end of this section. Ms Stankiewicz is supported in this project by several key staff members that have a wealth of EDI and Health Care Implementation experience:

- **Christine Nye, Agency Liaison for ALAHIE** - Over 30 years of executive level management experience in healthcare at the federal, state, and local level and for nationally known private sector insurers, health systems, and providers
- **Richard Williams, Solution Manager for ALAHIE -** Over 25 years experience in working with clients to determine the most effective and cost efficient approach to meeting their needs and requirements
- **Lou Lunetta, Subject Matter Expert and Solution Architect, -** Over 30 years of information systems and pharmacy management experience in public and private healthcare

- **Kathryn Kuhmerker, Subject Matter Expert -** Over 30 years of executive level management experience in Medicaid and healthcare (substance abuse, mental health, etc.) management and budgeting at the state level

Additionally, ACS Heritage acknowledges the following Project Manager requirements:

Project Manager	
Requirements	**ACS Heritage Acknowledges**
Minimum of 2 years PM experience	✓
Will not Change PM without prior written approval	✓
Keep the PM in place for no less than 12 months	✓

Project Team

The following is a diagram of the high-level project organization showing the major reporting relationships and teams.

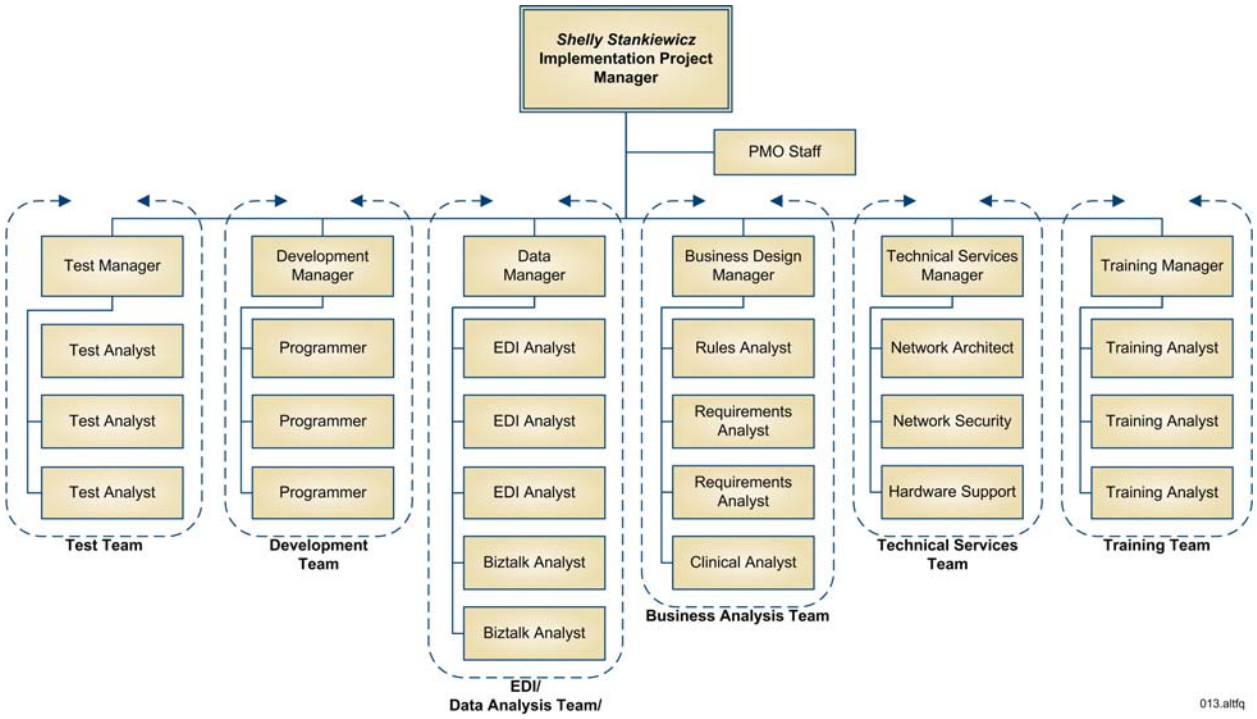

Exhibit 9-2. High-level organization of the TFQ Project.

9.B Project Initiation

Initial Project Planning and Design

Within the first 30 days of contract award, the Agency and ACS Heritage project team will schedule and facilitate the initial kick-off meeting and requirements gathering sessions. The project objectives, goals, schedule, milestones, and key tasks are presented and discussed. Based on feedback from the participants, we update project plans and deliverables. This kick-off meeting includes but is not limited to:

Project Planning and Start-Up Kick-off Meeting	
Required Contents	**ACS Acknowledges Content of Meetings**
Introduction of key stakeholders	✓
Conduct Vendor Meeting	✓
Overview of project phases and major deliverables	✓
Review of project schedule and milestones	✓

Initial Project Work Plan

Proposal Section 8, Understanding of Implementation Schedule and Deliverables, contains our initial draft high level work plan based on RFP requirements and initial planning. The deliverables are listed based on the RFP requirements and our understanding of the project schedule. Shortly after award, ACS Heritage and the Agency will meet to discuss the goals and objectives of the project. We will exchange information based on the contract requirements to gain a common understanding of the Agency's expectations. After the official kickoff meeting with all stakeholders, an updated plan will be submitted to the Agency for approval by 9/21/2007. All changes made after this point, with the exception of status updates, will require written documentation and approval by the Agency. The tasks within the work plan are broken down into tasks no greater than 80 hours in duration. Critical Path for project success will be carefully monitored to keep the project team aware of the needed tasks and actions for meeting key deliverables and milestones. Ms. Stankiewicz will track all tasks to completion with the appropriate resources and dependencies necessary.

Staffing Plan

The Project Manager will maintain a Staffing Plan, based on the defined tasks and resource requirements defined in the project plan. ACS Heritage will account for the needs of the staffing plan in advance, making sure that the appropriate resources are assigned to the project as needed.

Project Communications Management

Our communications management approach includes the PMI knowledge areas of communications planning, information distribution, performance reporting, and stakeholder management. After the project kickoff meeting, ACS Heritage will draft a Communications Plan for review and approval by the Agency. This plan will contain the agreed upon protocols for regular status communication, project plan update and issues and risk tracking and management with the Agency. At the start of the project, ACS Heritage will establish a Web-accessible Alabama Project Repository providing authorized project participants ready access to project information. Performance reporting using an approved project baseline is also a key aspect of our communications management strategy.

Produce Project Status Reports

Oral and written status reports covering progress to date, products delivered, products to be delivered, and known and anticipated problems and plans for resolving those issues, are effective tools that we use to keep the Agency informed of our ongoing development of the TFQ Project. We will prepare status reports in accordance with the frequency, format, and content defined by ALMA. We deliver all meeting materials, including agendas, results from status reporting meetings, written status reports, and other handout materials to the Agency and will post formal status reports to the Alabama Project Repository on a weekly basis.

Project Risk Management

Effective risk management is essential to ensure project success and includes risk identification, risk assessment, risk response planning, and risk monitoring and control. We provide a deliberate and proactive process for identifying potential risks and assessing the probability and potential consequences of an identified risk. As warranted, we then follow a thorough risk response planning process that identifies mitigation strategies and the criteria for early detection of risk realization to ensure rapid implementation of risk mitigation actions to minimize negative project impacts. We will not only track previously identified risks, triggers, response plans, and risk mitigation actions, but we will also identify new risks and manage changing risks accordingly.

Risk Identification and Assessment

When project risks are being selected for tracking, the project team must exercise professional judgment in identifying those events that have a reasonable likelihood of occurring, and in disregarding those events that are too improbable to consider. Those project risks selected for tracking are entered in the project's Risk Management Log.

Risk Analysis

Our methodology uses a standard risk classification matrix to prioritize potential adverse risks. This classification matrix provides rigor to the risk analysis process and allows Ms. Stankiewiec to determine where a risk fits in the population of potential risk events. For each risk, the analyst assigns a probability of occurrence and potential impact for each risk. During each phase of the project, we re-analyze each risk to determine its exposure at that time and make any appropriate adjustments.

Risk Response Planning

Because the effectiveness of a response directly affects whether the risk increases or decreases, we ensure that the risk response is commensurate with the category, probability, and impact of each risk. Risk-response planning and risk monitoring and control, are continuously performed by the project manager.

Establishing Appropriate Workspace and Facilities

ACS will utilize its existing Richmond, Montgomery, Pittsburgh, and Atlanta facilities to meet the development workspace needs for this project. Each site has strict policies, procedures and physical and technical mechanisms in place to protect the privacy and security of Alabama data. These facilities also maintain the appropriate infrastructure needed for supporting the systems development and User Acceptance Testing. ACS Heritage will accommodate all systems development and business analysis staff and the necessary hardware and infrastructure to accommodate system development and testing within its current ACS facilities for the support of this project. Production support and maintenance of this application will reside within the State's data facilities. ACS Heritage will also accept the State's offer of a workspace for the Project Manager at its facilities to work directly with the State staff during meetings and design sessions.

Knowledge Transfer Strategy and Plan

ACS Heritage will clearly document information about the ALAHIE solution to allow for adequate knowledge transfer of application design and functionality from ACS Heritage staff to State Staff and the provider community. ACS Heritage will create a project Transition Plan and will conduct the necessary training and business transition analysis with the State to determine the impact of system initiation on State and public users. Thorough training for the State will be conducted prior to User Acceptance Testing to allow for the State to have detailed training on system functionality prior to system approval and usage by the provider community.

9.C Conduct Ongoing Project Management

Coordinate Project Team Activities

It is the responsibility of the Project Manager to coordinate all project team activities to provide leadership and direction to the project, as well as to monitor project items to completion.

Updated Project Work Plan

After the initial project work plan is approved by the Agency during the Project Start-Up phase, all tasks, activities, milestones, and deliverables will be updated in the plan to reflect current status of each. The work plan reflects the timing and sequencing of all project tasks and activities. An initial project work plan is to be found in Proposal Section 8, Understanding of Implementation Schedule and Deliverables. The following table reflects ACS' understanding of Work Plan update requirements:

Project Work Plan Updates	
Contractor Activities	**Work Plan Update Requirements**
Prepare the updated Project Work Plan for the project and Post to Project Portal	✓
Develop and deliver the updated Project Work Plan in Microsoft Project 2003.	✓
Conduct a walk-through of the updated Project Work Plan with the state.	✓
Submit the updated Project Work Plan deliverable for state review.	✓
Revise the deliverable, if necessary, based on comments from the state review.	✓
Prepare and submit the finalized updated Project Work Plan deliverable for state approval.	✓
Update project work plan as quickly as possible to identify issues that affect project deadlines.	✓

Internal Status Meetings

During each phase of the project, Ms. Stankiewicz and staff participate in regular weekly and, as necessary, ad hoc status meetings internally to review project progress to date and to discuss technical issues and design considerations. The weekly meetings will follow a preset agenda and will include the following:

- Clear meeting objectives
- Selection and attendance of appropriate participants
- Advance meeting preparation
- Documentation of meeting discussion, including action items, issues, and decisions

Approach to Ongoing Project Quality Control

We use a quality management approach based upon the PMBOK's Quality Management knowledge area and then supplement the PMBOK with internationally recognized quality management processes. Our approach has been tested through our extensive industry experience. We have established quality procedures to govern the production of deliverables. Our entire methodology for performing work is built upon the belief that quality requires action rather than reaction. ACS Heritage's quality management approach has been designed to ensure that quality is designed into work processes, planned into work products, inspected into work results, and communicated to the State. We embed quality management into all processes by clearly documenting expectations, providing structured and comprehensive reviews, tracking defects through their resolution, and continually improving the project execution processes.

Internal and Customer Deliverable Review Process

We recognize the importance of producing deliverables that are accurate, complete, and meet relevant quality and functional standards. Our approach to completing deliverables takes into account the premium placed on Agency time and resources in reviewing the deliverables and provides the framework for producing high-quality deliverables consistently and predictably. All ACS Heritage deliverables undergo internal quality review with appropriate levels of internal sign-off to ensure they are ready for Agency review. We submit deliverables in the agreed-upon format and within established timelines for submission.

Brief Client on Status

Throughout the project, the ACS Project Manager and appropriate key or primary project staff will attend weekly meetings with the Agency Project Manager and other members of the project team, as agreed to during the planning process. The weekly meetings will follow a preset agenda, which will be distributed to regular attendees 24 hours before the meeting. Face- to-Face meetings with Agency personnel will take place bi-weekly and on an ad-hoc basis, as needed. We deliver all meeting materials, including agendas, results from status reporting meetings, written status reports, and other handout materials to the Agency. All Status materials will be available to the State on the Alabama Project Repository.

Issue Identification and Resolution

To ensure that we identify, track, and resolve issues in a timely manner, we follow a well-defined issues management methodology and process for resolution of problems identified and reported by ACS Heritage and State staff. Our proven processes ensure that issues, requests, and decisions are recognized, agreed upon, assigned, incorporated to an issue log, monitored, documented, and managed.

An issue is defined as a question, problem, or condition that requires a decision and resolution. Issues management is the process of identifying, communicating, tracking, and resolving issues throughout the life cycle of a project. It includes categorizing and prioritizing issues, as well as determining an escalation path for issues unresolved within a predetermined length of time. Unacknowledged or unresolved issues can threaten project success and, therefore, must be identified and managed. Project issues should not be confused with project risks, because the two are different and, therefore, managed differently. A risk is a **potential** event. An issue results from an event **that has occurred.** The existence of an open issue means that a project team member cannot complete an assigned task, thus impeding project efficiency and progress. For this reason all issues must be managed to resolution.

The steps illustrated in Exhibit 9-3 below identify the activities and tasks to be performed throughout the Issue Management process and are discussed below.

Activities and Tasks in Issue Management Process

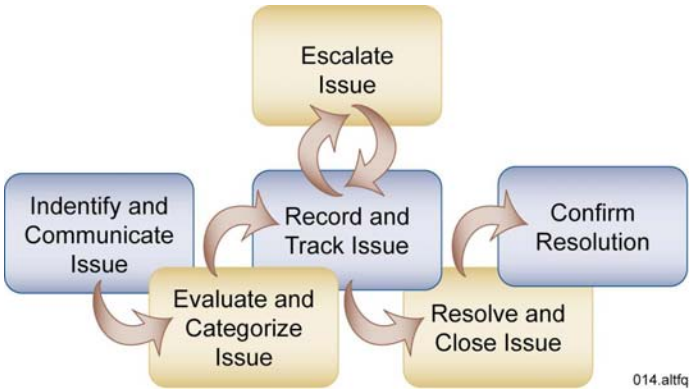

Exhibit 9-3. Alabama benefits from our established Issue management process.

9.D Maintain Project Communication

Interfaces with the State

We recognize that the success of the TFQ Project depends in part upon the lines of communication that we establish early in the project and maintain throughout. An integral component of our overall project management responsibilities centers upon promoting frequent, open communications and a collaborative management style between ALMA and ACS. We also encourage frequent informal communications among project staff members. Informal communications often promote quick problem resolution and effective decision-making, as well as a positive team spirit and a productive working environment.

Project Communication Tools

During the Project Planning and Start-Up Phase, the PMO will establish the Alabama Project Repository, a Web-based tool that contains all project documents, reports, deliverables, etc. Our project management and control tools are established in order to effectively report, monitor, and control project activities throughout the life of the project. These tools provide all stakeholders with project status information on a periodic, recurring basis.

Microsoft Windows SharePoint Services. The Alabama Project Repository is developed using Microsoft Windows SharePoint Services. The Repository provides Web-enabled access over the Internet to authorized users. This tool is used by authorized project personnel to access documents, including the Detailed Implementation Plan, issues, change requests, and risks associated with the project.

Microsoft Project Professional 2003 Tool. We use Microsoft Project Professional 2003 as a core desktop tool to build and maintain the project schedules. The PIP may be saved and provided to the Agency in an earlier version of MS Project if required, and will be provided in both electronic and hardcopy formats.

ClearQuest. IBM Rational ClearQuest automates defect and change tracking, and lifecycle traceability across multiple locations and time zones.

Project Manager Resume

Shelly Sheppard Stankiewicz

Summary

For more than 10 years, Ms Stankiewicz has utilized exceptionally leadership skills to support all areas of project implementations. Her professional IT experience involves the following industries: automotive, managed care, Medicaid, manufacturing, and banking. She possesses exceptional communication skills and successfully facilitates both technical and non-technical directives. Ms Stankiewicz establishes and maintains excellent client relationships

Core Competencies

Business Modeling, Quality Assurance, Business Process Analysis, Business Architecture, Project Management, CMM, Documentation, Information Systems Integration, System Analysis, Technical Writing, Training, HIPAA Transactions and Code Sets Analysis and Planning, HIPAA Privacy, HIPAA Security, Medicaid, EDI

Highlights of Experience

ACS - Health Management Solutions .....July 2006 – Present

System Implementation Project Manager

- Responsible for the delivery of multiple highly complex client implementations, including CyberAccess, Direct Care Pro, Lab Integration and GenRX. Utilizes project management tools to communicate client needs and manage project tasks to completion. Provides UAT environments to client for testing prior to delivery of systems.
- Participates in new application business design based on visionary industry needs and current technical capabilities. Coordinates solutions between clients, technical teams, and R&D teams.

Unisys - Health Information Management – Engineering Division ..... 2002 - July 2006

MMIS Project Manager/QA Test Manager

- Responsible for the planning and delivery of quality control throughout an MMIS Implementation project. Coordinated effort with client and development team to document, develop and deliver requested system enhancements as requested/needed. Directed & Coordinated HIPAA Privacy and Security analysis for the new Health PAS system and staff operations

SCB Computer Technology.....2001-2002

Project Manager HIPAA Assessment & Implementation

- Planned and directed successful delivery of the HIPAA Assessment and Implementation project. Managed assessment efforts involving the input from several business departments, numerous technical SMEs.

Computer Sciences Corporation(CSC) ..... 2000 – 2001

Enterprise PMO Configuration Manager

- Maintained project baseline, including contract amendments, functional business cases, design and program specifications. Managed approved budget for change requests. Tracked expenditures on tasks.

SCB Computer Technology, Nashville, TN.....1999 - 2000

Quality Assurance Project Manager

- Quality Assurance project manager. Responsible for leading Y2K status audit of client's managed care organizations. Directed project team members to successfully complete detailed Y2K analysis strategy and monitored results.

Computer Sciences Corporation (CSC) – Consulting Group, Falls Church, VA ..... 1997 – 1999

Y2K Test Team Leader

- Project Team Leader - team of 15-20 members. Directed team members and client in the necessary steps for completing successful Y2K test preparation and system review.

Education

Bachelor of Arts, University of Virginia, Charlottesville, VA
Business Process Modeling and JAD Facilitation, March 2004;
Six Sigma Lean White Belt, April 2006

10. Corporate Background

RFP Reference: XII, page 41 and Q, page 46, bullet 10

With 26 years in the health care business, five years dedicated to advanced Health Information Exchange (HIE), over 1,600 Health Information system implementations, and 24 electronic clinical support installations, ACS Heritage not only meets, but surpasses the State's RFP requirements for experience.

The Alabama Medicaid Agency (ALMA) is looking for a partner to develop an integrated open systems health information system that links ALMA, state health and human service agencies and providers to establish a comprehensive, quality improvement model for the Alabama Medicaid Program. In funding the State of Alabama's Medicaid Transformation Grant application, the Centers for Medicare and Medicaid Services (CMS) discerned an innovation that, when fully realized, will transform the manner in which health care is provided nationally. Not only does Alabama's approach recognize the need for electronic health records (EHR) and associated clinical and administrative support tools as a critical means to improve care delivered by providers, it also recognizes the need to improve the coordination and care provided by other state agencies to the same individuals.

When fully implemented, the Alabama Health Information System (ALAHIS) will afford the State of Alabama the opportunity to truly improve the quality of care provided to its citizens while also lowering State (and taxpayer) expenditures. ACS Heritage is a partner who will fully support Alabama's Medicaid Program requirements. We have multi-state experience in EHR and a track record of providing knowledge about our solution to our clients. We make a difference by providing highly qualified and experienced staff to enhance our client's knowledge about our solutions and innovative technology.

Organizational Background

ACS Heritage, Inc., which is a wholly owned subsidiary of Affiliated Computer Services, Inc., has the capacity to address the functions and services the State is seeking and to fully meet ALMA's goals ACS Heritage has a long history of working with states to improve their health care systems and services, and our health care solutions group is one of the fastest growing divisions within Affiliated Computer Services, Inc. Additionally, our financial stability has allowed ACS Heritage to successfully strengthen our capacity to offer comprehensive solutions and technical expertise through the acquisition of a broad range of companies in the field of Health Information Technology.

Because we understand the complex public policy issues that our clients face, we approach the government services market with five business units committed to developing affordable, flexible solutions to help solve each client's specific challenges. While each business unit described in the following table specializes in specific areas, they all share the common goal of providing states, counties, and cities with innovative ways of enhancing service delivery. ACS Heritage falls within the Government Healthcare Solutions (GHS) business unit and will perform and manage this contract.

The ACS Government Solutions Business Units are:

- **Government Healthcare Solutions (GHS)—**GHS offers complete health care program administration to address the complex needs of many different state-administered programs. These include Medicaid programs, State Children's Health Insurance Programs, long-term care programs, managed care programs, and pharmacy benefit management programs. GHS helps states overcome the challenges of escalating health care costs and decreasing budgets, while maintaining high-quality service and access to care. We serves more than 31 million program recipients and process more than 475 million Medicaid

health care claims annually, representing $47 billion in provider payments. As the nation's largest government pharmacy benefits administrator, we serve 30 programs in 25 states and the District of Columbia with drug expenditures totaling more than $13 billion.

- **Government and Community Solutions (GCS)—**GCS focuses on the management, automation, and operation of public sector human services programs, including EBT services; electronic card-based solutions for the disbursement of child support, unemployment insurance, and payroll; Web-based electronic child care systems; child support payment processing; child support locate and collection services.
- **Transportation Solutions (TS)—**TS offers state-of-the-art transportation services and has developed numerous electronic toll collection systems; electronic fare collections; commercial vehicle systems; motor carrier registration and fuel tax processing services; photo enforcement; and parking programs.
- **Finance and Revenue Solutions (FRS)—**FRS includes our unclaimed property clearinghouse, which provides claims processing, database management, and securities custody to both public and private sector clients. FRS collects large volumes of past due financial assets for cities and states, including tax identification and collection.
- **Education Solutions (ES)—**ES provides complete outsourcing solutions to colleges, universities, and school districts nationwide, processing FFELP, Perkins, and direct loans for more than 9.2 million borrowers. Education Services' solutions include a suite of integrated Web-based products and services designed to ease the administrative burden for schools, while facilitating access for students and parents.

ACS Heritage, Inc.

With 26 years of corporate experience helping payers contain the cost of providing quality health care to recipients throughout the country, ACS Heritage, Inc. provides innovative clinical management and cost containment services to government programs, insurance companies, and large employers. The ACS Heritage acquisition represents a merger of complementary health care services, allowing ACS to offer more robust solutions to its clients. The addition of ACS Heritage's history with Medicaid programs has enriched what ACS Government Healthcare can provide on behalf of our clients.

ACS Heritage, Inc.:

- Provides innovative clinical management and pharmacy cost containment services to government programs, insurance companies, and large employers
- Supports more than 25 clients, including:
  - Medicaid agencies
  - Blue Cross plans
  - National insurers/HMOs
  - Employer groups
- Warehouses claims data for 87 million covered lives
- Maintains more than 2.9 billion health care claims for clients
- Employs more than 20 RPh, PharmD, CPhT, and other clinical professionals

Many of our company's staff members have been state health care program administrators and senior level state government officials. This experience enables the company to understand the goals, needs, and constraints of government clients and to provide proven solutions across the entire range of health care and program management needs. The company's unprecedented breadth of health care expertise supports the ongoing process of change and improvement in state health care program administration.

10.A Company Information

Based in Dallas, Texas, Affiliated Computer Services, Inc., is a Fortune 500 company founded in 1988; it became a public company with an Initial Public Offering (IPO) in 1994. Affiliated Computer Services, Inc. is an industry-recognized world leader in providing diversified business process and information technology outsourcing services to both government and commercial clients worldwide. We serve a wide range of industries, including health care; insurance; federal, state, and local governments; financial; communications; energy; legal; and manufacturing, retail, and distribution industries. Our public sector clients include all 50 states, the District of Columbia, and the federal government. Affiliated Computer Services, Inc.'s commercial clients include Fortune 50, 500, and 1000 companies such as Aetna, American Express, Anthem Insurance, General Electric, General Motors, MetLife, Motorola, and United Healthcare.

Beginning in the late 1990s, Affiliated Computer Services, Inc. sought to acquire several of the nation's leading health and human services vendors. The company first selected Consultec, Birch and Davis, and The Pace Group, which were established in the 1970s and 1980s. Formed as a limited liability company in 1999 under the name of Consultec, LLC, the name was changed to ACS State Healthcare, LLC in 2001. Through this acquisition, ACS gained a substantial presence in the government health care program market, including Medicaid systems and program administration. Augmenting this health care service offering, in 2004 ACS acquired Heritage Information Systems, which was founded in 1980 as a pharmacy auditing and clinical consulting company and changed the company's name to ACS Heritage, Inc.

ACS Heritage developed the core technology that will serve as the backbone for this project. We have deployed this technology to over two dozen Medicaid programs, large commercial insurers, and large employer groups throughout the country. In accordance with RFP requirements, we have completed the table below to illustrate our experience. Following the table, we have provided further explanation of our HIE projects.

Company Information			
Company Name	ACS Heritage, Inc		
Address	2810 North Parham Road, Suite 210 Richmond, VA 23294		
Telephone	(804) 644-8707		
Web Address	www.acs-inc.com		
# of years in healthcare business	26		
# of years in Health Information Exchange business	5		
# of total Health Information Exchange employees	Within AL: 0		Outside of AL: 103
# of Health Information Exchange installations over last three years	2004: 100	2005: 100	2006 to present: 3,622 site installations and training of the CyberAccess solution
# of Health Information Exchange users per installation over last three years	2004: 100	2005: 100	2006 to present: 9,910 registered users of the CyberAccess solution
Average use per month per user	2004: 3	2005: 4	2006 to present: approximately 10 uses per month
# of ECST installations over last three years	2004: 16	2005: 19	2006 to present: 24 clients with solutions that leverage our ECST solution

Company Information			
# of ECST users per installation over the last three years	2004: 14,000	2005: 25,000	2006 to present: 32,000 – approximate number of end users that interact with our ECST solution
Average use per month per user	2004: 2	2005: 400	2006 to present: approximately 500 instances per user interacting with the ECST
Company Contacts	**Name**	**Phone**	**Email**
Business Contact:	Richard Williams	(678) 352-7259	Richard.williams@acs-inc.com
Technical Contact:	Rod Williams	(804) 965-8262	Rod.williams@acs-inc.com

ACS Heritage has leveraged its proven ECST to drive a comprehensive suite of solutions that are delivered to our payer clients. In the above table, we defined HIE installations as the number of provider sites that have been registered within the CyberAccess provider portal application. Because of the intense recruitment and training done for Missouri Medicaid, the number of installation sites and users increased dramatically in 2006. Current data indicates that 67 percent of the nearly 10,000 users of the application log into the system at least monthly.

We developed our ECST solution, Hercules, to support a variety of clinical management and fraud, waste and abuse solutions for our clients. To illustrate our experience with the tool, we defined the number of installations as the number of payer clients that we have supported with our solution. A variety of end users interact with our ECST through various channels. For example, we have integrated data from the Texas fee-for-service program with every managed care organization to create a more complete health record for Medicaid recipients. Nearly every pharmacy in the State of Texas has interfaced with our ECST by submitting pharmacy claims, which are submitted to our complex clinical and fiscal criteria to determine the appropriateness of the claims. At its peak, the Texas Medicaid program queried the rules engine approximately 250,000 per day – despite this high volume, the average response time of the rules engine was only ½ second.

Our innovative technology, which has been proven in some of the largest, most complex and challenging health care programs in the country provides an ideal platform for the implementation of our proposed ALAHIE solution. Our tools provide a user-friendly and "hassle-neutral" interface to providers, payers, consumers and other stakeholders. Our references, which provide further details regarding our capabilities, are described in full detail in Proposal Section 10.D, Client References.

10.B Financial Information

ACS Heritage, Inc. does not file financial statements with the Securities and Exchange Commission (SEC). However, our parent company, Affiliated Computer Services, Inc. does file financial statements with the SEC. Therefore, we submit the most recent balance sheet, which is excerpted from Form 10-Q, an unaudited quarterly report that provides a continuing view of Affiliated Computer Services, Inc.'s financial position. Form 10-Q was filed with the SEC on May 10, 2007. The balance sheet is included at the end of this proposal section. The balance sheet lists assets, liabilities, and stockholders' equity for the quarter that ended March 31, 2007.

In addition, we are pleased to provide the information requested in the worksheet below. We note that the worksheet requests a figure for annual revenue, and some of the other requested information is geared toward

annual figures as well. This type of annual financial information is not provided in the balance sheet from Form 10-Q because it is a quarterly report. For this reason, we believe the State will benefit most by seeing comprehensive Financial Information based on Affiliated Computer Services, Inc.'s most recent audited annual financial report, Form 10-K/A that was filed with the SEC on February 1, 2007. Form 10-K/A provides an overview of Affiliated Computer Services, Inc. for fiscal year 2006. Our fiscal years run from July 1 to June 30. The numbers in the table below are based directly on a balance sheet excerpted from Form 10-K/A. Additionally, we have provided the audited balance sheet from our Form 10-K/A at the end of this section.

Financial Information	
Public: yes / no YES	Symbol: ACS
Private: yes / no NO	Investors: Publicly traded on the NYSE
Total Annual Revenue: $5.353 billion	
Cash: $100.837 million	
Net Income: $358.806 million	
Net Margin %: 6.7 percent	
Total Assets: $5.502 billion	
Total Liabilities: $3.046 billion	

10.C Subcontractors

MDdatacor will be our subcontracting partner for the TFQ Project. As our partner, MDdatacor will be responsible for supporting the collection and analysis of the providers' patient clinical data. At the end of this section, we have included a written and signed statement verifying MDdatacor's commitment to the project.

Subcontractor Information	
Subcontracting firm name;	MDdatacor, Inc
Complete address of the subcontractor;	500 NorthWinds Center 11625 Rainwater Drive, Suite 360 Alpharetta, GA 30004
Project tasks to be conducted by the subcontractor;	Support the collection and analysis of the providers' patient clinical data (i.e., direct data entry, lab results, transcribed office notes, etc.) through a Web-based electronic tool.
Percentage of total project and task-specific work the subcontractor will be providing;	5% to 10% overall
A written statement, signed by each proposed subcontractor, that clearly verifies that the subcontractor is committed to render the services required by the contract.	Provided in the Attachments section of the proposal. Please see tab 12.C, Additional Information.